



## EMPLOYER REGISTRATION Local Earned Income Tax Withholding

*You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes. Contact your Tax Officer.*

EMPLOYER INFORMATION											
EMPLOYER BUSINESS NAME (Use Federal ID Name)											
MAIN CORPORATE/BUSINESS LOCATION - STREET ADDRESS (No PO Box, RD or RR)											
SECOND LINE OF ADDRESS											
CITY	STATE	ZIP									
EMPLOYER BUSINESS LOCATION - STREET ADDRESS WITHIN PA (if same as above, leave blank. No PO Box, RD or RR)											
SECOND LINE OF ADDRESS											
CITY OR POST OFFICE	STATE	ZIP									
MUNICIPAL TAXING AUTHORITY (City, Borough or Township) IN WHICH FACILITY OR BUSINESS IS LOCATED											
MONROE TOWNSHIP											
COUNTY	BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER									
SNYDER	570-743-7057	570-743-10879									
EMPLOYER PA BUSINESS LOCATION PSD CODE	FEDERAL EIN OR SOCIAL SECURITY #										
550804	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>										

ORGANIZATION	
TYPE OF ORGANIZATION <input type="checkbox"/> LLC <input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Fiduciary <input type="checkbox"/> Corporation	
PRIMARY NATURE/OPERATION OF BUSINESS	
DATE OF INCORPORATION (MM/DD/YYYY)	DATE OPERATION BEGAN AT THIS LOCATION (MM/DD/YYYY)

ACCOUNTING INFORMATION	
Does your organization have multiple site locations within Pennsylvania? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES, please insert 2-digit code for Tax Collection District Selected (choose from list on reverse side) ..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
PRIMARY CONTACT INDIVIDUAL (First Name, Last Name)	
TITLE	
PRIMARY CONTACT PHONE NUMBER	PRIMARY CONTACT EMAIL ADDRESS
SIGNATURE OF PRIMARY CONTACT INDIVIDUAL	DATE (MM/DD/YYYY)