

MUNICIPAL AND SCHOOL EARNED INCOME TAX OFFICE

2790 W FOURTH ST * WILLIAMSPORT PA 17701

Phone (570) 601-3980 * Toll Free within PA 1-877-608-3980

This form may be submitted via email to employerstax@wasd.org or faxed to 570-327-0650

EMPLOYER INFORMATION

1. Trade/ Business Name (Use Federal ID Name)

2. Federal EIN

3. Main Corporate/ Business Location: Mailing Address, City, State, & Zip

4. Business Phone Number

5. Business Fax Number

6. Location in Lycoming County: Mailing Address, City, State, & Zip

Check if this address belongs to a remote employee

41

7. Name of Borough, City, or Township

8. PSD Code

9. Date Operation at this Location

ACCOUNTING INFORMATION

10a. Do you use a Third-Party Payroll Provider? (ex: ADP, Ceridian, Gusto, etc.)

Yes

No

10b. If **No**, do you wish to register for our online filing system?*

Yes

No

Note: If left blank, a PALite account will not be created.

11a. Does your organization have additional locations/ employees in Pennsylvania OUTSIDE of Lycoming County?

Yes

No

11b. If **Yes**, will you be remitting all local PA EIT withholdings to a single Tax Collector?

Yes

No

11c. If **Yes**, list the Tax Collector chosen:

*Our online filing system can be found at <https://employer/palite.org>

ORGANIZATION INFORMATION

12. Primary Nature/ Operation of Business

13. Name of Business Owner, Partner, Officer

14. Title (owner, partner, officer, etc.)

CONTACT INFORMATION

15. Primary Contact Individual

16. Title

17. Primary Contact Phone Number

18. Primary Contact E-mail

19. Signature of Primary Contact Individual

20. Date