

# 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](mailto:employerstax@wasd.org) or faxed to 570-327-0650

## PROVIDER INFORMATION

- |   |                        |
|---|------------------------|
| 1. Trade/ Business Name (Use Federal ID Name)                     | 2. Federal EIN         |
| 3. Main Corporate/ Business Mailing Address, City, State, and Zip |                        |
| 4. Name of Business Owner, Partner, or Officer                    | 5. Title               |
| 6. Business Phone Number  | 7. Business Fax Number |

## CONTACT INFORMATION

- |   |                           |
|---|---------------------------|
| 8. Name of Primary Contact Individual       | 9. Title                  |
| 10. Primary Contact Phone Number            | 11. Primary Contact Email |
| 12. Signature of Primary Contact Individual | 13. Date                  |

## CLIENT INFORMATION

**14. On the reverse side of this page, provide the Account Number, Business Name, Federal EIN, and applicable PSD code for each client for whom you wish to file.**

**\* NOTE ON ACCOUNT NUMBERS:** This is the six-digit number assigned by the Municipal and School EIT Office. If you do not know the client's account number or if they do not have an account number, contact the Municipal and School EIT Office at [employerstax@wasd.org](mailto:employerstax@wasd.org)

**\*\* NOTE ON PSD CODES:** If the client has employees residing in more than one location in Lycoming County, list the PSD code that applies to the greatest number of employees.

**\*\*ONLY REGISTER CLIENTS WITH EMPLOYEES RESIDING IN LYCOMING COUNTY\*\*  
(PSD Codes beginning with "41")**

