CLGS-32-4 (8-11)

EMPLOYER REGISTRATION
Local Tax Withholding

YORK ADAMS TAX BUREAU

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by contacting 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 OR POST OFFICE | STATE | ZIP

EMPLOYER BUSINESS LOCATION - STREET ADDRESS WITHIN PA (*if same as above, leave blank.* **No** PO Box, RD or RR) | CHECK BOX IF EMPLOYEE WORKS FROM HOME ☐

SECOND LINE OF ADDRESS

CITY OR POST OFFICE | STATE | ZIP

MUNICIPAL TAXING AUTHORITY (City, Borough or Township) OF EMPLOYER BUSINESS LOCATION NOTED ABOVE

COUNTY | EMPLOYER PHONE NUMBER | EMPLOYER FAX NUMBER

EMPLOYER PA BUSINESS LOCATION PSD CODE | FEDERAL EIN OR SOCIAL SECURITY #

ORGANIZATION

TYPE OF ORGANIZATION
☐ LLC ☐ Individual Proprietorship ☐ Partnership ☐ Association ☐ Fiduciary ☐ Corporation

PRIMARY NATURE/OPERATION OF BUSINESS

DATE OF INCORPORATION (MM/DD/YYYY) | DATE OPERATION BEGAN AT THIS LOCATION (MM/DD/YYYY)

YORK OFFICE:
YORK ADAMS TAX BUREAU
1405 N DUKE ST
YORK PA 17405
PH: (717) 845-1584
E: EMPLOYER@YATB.COM

ADAMS OFFICE:
YORK ADAMS TAX BUREAU
240 WEST ST
GETTYSBURG PA 17325
PH: (717) 334-4000
E: EMPLOYER@YATB.COM

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.
Please expect 7-10 business days for this registration form to be processed.

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)