

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 maybe submitted via email to mrockey@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

41 _ _ _ _

4. Business Address in Lycoming County: Street, City, State & Zip

5. PSD Code

6. Municipal Taxing Authority (borough, city & township)

7. Date Operation at this Location

8. County

9. Business Phone Number

10. Business Fax Number

**Please list any other locations on separate sheet*

Do you wish to be registered for our online filing system **Yes** or **No** (circle one) (Note: if you use a payroll service this is not necessary)
PALite can be found at <https://employer.palite.org>

ORGANIZATION

18. Type of Organization

Individual Proprietorship Partnership Association Fiduciary Corporation 19. _____
Date of Incorporation

20. Primary Nature/Operation of Business

21. Name of Business Owner, Partner, Officer

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

ACCOUNTING INFORMATION

23. Does your organization have multiple site locations within Pennsylvania?

(24) YES NO

25. Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District (26) YES NO

27. If YES, please list the collection district chosen (28) _____

Affirmation: I declare under penalties provided by law that the information provided is accurate and complete to the best of my knowledge.

29. Primary Contact Individual (First, Last)

30. Primary Contact Phone Number

31. Primary Contact E-mail

Title

Signature of Primary Contact Individual

Date