

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

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** **No** **Note:** if you use a payroll service this is not necessary
PALite can be found at <https://employer.palite.org> **NOTE:** If left blank, a PALite account will not be set up.

ORGANIZATION

11. Primary Nature/Operation of Business

12. Name of Business Owner, Partner, Officer

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

14. Owner, Partner, Officer mailing address

15. Owner, Partner, Officer phone/email

ACCOUNTING INFORMATION

16. Does your organization have multiple site locations within Pennsylvania? (17) YES NO

18. Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District (19) YES NO

20. If YES, please list the collection district chosen (21)

22. Primary Contact Individual (First, Last)

23. Primary Contact Phone Number

24. Primary Contact E-mail

Title

Signature of Primary Contact Individual

Date