

Cumberland County Tax Bureau

21 Waterford Drive

Suite 201

Mechanicsburg PA 17050

Phone 717.590.7997 Fax 717.590.7998

RE: Employers Located in Cumberland County, Northern York County in the West Shore School District and Eastern Franklin County in the Shippensburg Area School District

Employer Registration: Every business within the Cumberland County Tax Bureau's jurisdiction is required to complete and return the enclosed registration form, including employers with W2 employees and self-employed individuals. Please complete and return the enclosed CCTB Employer Registration form by one of the following methods:

Mail: Cumberland County Tax Bureau
21 Waterford Drive
Suite 201
Mechanicsburg PA 17050

Email: employerservices@cumberlandtax.org

Fax: Attn: Employer Accounts
717-590-7998

Residency Certification: Due to Act 32 of 2008, which mandated changes to local Earned Income Tax, all employers are required to retain a completed Residency Certification form for each employee. If an employee moves or has a name change, a new Residency Certification form must be completed.

If you have any questions, please contact the Cumberland County Tax Bureau.

Thank you.



EMPLOYER REGISTRATION Local Earned Income Tax Withholding

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)																					
SECOND LINE OF ADDRESS																					
CITY OR POST OFFICE	STATE	ZIP																			
MUNICIPAL TAXING AUTHORITY (City, Borough or Township) IN WHICH FACILITY OR BUSINESS IS LOCATED																					
COUNTY	BUSINESS PHONE NUMBER	BUSINESS FAX NUMBER																			
EMPLOYER PA BUSINESS LOCATION PSD CODE <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							FEDERAL EIN OR SOCIAL SECURITY # <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>														

ORGANIZATION	
TYPE OF ORGANIZATION <input type="checkbox"/> LLC <input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Fiduciary <input type="checkbox"/> Corporation	
PRIMARY NATURE/OPERATION OF BUSINESS	
DATE OF INCORPORATION (MM/DD/YYYY)	DATE OPERATION BEGAN AT THIS LOCATION (MM/DD/YYYY)

ACCOUNTING INFORMATION		
Does your organization have multiple site locations within Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please insert 2-digit code for Tax Collection District Selected (choose from list on reverse side) <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

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.	
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)

TCD Code	Tax Collection District	TCD Code	Tax Collection District
01	ADAMS TAX COLLECTION DISTRICT	32	INDIANA TAX COLLECTION DISTRICT
70	ALLEGHENY CENTRAL TAX COLLECTION DISTRICT	33	JEFFERSON TAX COLLECTION DISTRICT
71	ALLEGHENY NORTH TAX COLLECTION DISTRICT	34	JUNIATA TAX COLLECTION DISTRICT
72	ALLEGHENY SOUTHEAST TAX COLLECTION DISTRICT	35	LACKAWANNA TAX COLLECTION DISTRICT
73	ALLEGHENY SOUTHWEST TAX COLLECTION DISTRICT	36	LANCASTER TAX COLLECTION DISTRICT
03	ARMSTRONG TAX COLLECTION DISTRICT	37	LAWRENCE TAX COLLECTION DISTRICT
04	BEAVER TAX COLLECTION DISTRICT	38	LEBANON TAX COLLECTION DISTRICT
05	BEDFORD TAX COLLECTION DISTRICT	39	LEHIGH TAX COLLECTION DISTRICT
06	BERKS TAX COLLECTION DISTRICT	40	LUZERNE TAX COLLECTION DISTRICT
07	BLAIR TAX COLLECTION DISTRICT	41	LYCOMING TAX COLLECTION DISTRICT
08	BRADFORD TAX COLLECTION DISTRICT	42	MCKEAN TAX COLLECTION DISTRICT
09	BUCKS TAX COLLECTION DISTRICT	43	MERCER TAX COLLECTION DISTRICT
10	BUTLER TAX COLLECTION DISTRICT	44	MIFFLIN TAX COLLECTION DISTRICT
11	CAMBRIA TAX COLLECTION DISTRICT	45	MONROE TAX COLLECTION DISTRICT
12	CAMERON TAX COLLECTION DISTRICT	46	MONTGOMERY TAX COLLECTION DISTRICT
13	CARBON TAX COLLECTION DISTRICT	47	MONTOUR TAX COLLECTION DISTRICT
14	CENTRE TAX COLLECTION DISTRICT	48	NORTHAMPTON TAX COLLECTION DISTRICT
15	CHESTER TAX COLLECTION DISTRICT	49	NORTHUMBERLAND TAX COLLECTION DISTRICT
16	CLARION TAX COLLECTION DISTRICT	50	PERRY TAX COLLECTION DISTRICT
17	CLEARFIELD TAX COLLECTION DISTRICT	51	PHILADELPHIA TAX COLLECTION DISTRICT
18	CLINTON TAX COLLECTION DISTRICT	52	PIKE TAX COLLECTION DISTRICT
19	COLUMBIA TAX COLLECTION DISTRICT	53	POTTER TAX COLLECTION DISTRICT
20	CRAWFORD TAX COLLECTION DISTRICT	54	SCHUYLKILL TAX COLLECTION DISTRICT
21	CUMBERLAND TAX COLLECTION DISTRICT	55	SNYDER TAX COLLECTION DISTRICT
22	DAUPHIN TAX COLLECTION DISTRICT	56	SOMERSET TAX COLLECTION DISTRICT
23	DELAWARE TAX COLLECTION DISTRICT	57	SULLIVAN TAX COLLECTION DISTRICT
24	ELK TAX COLLECTION DISTRICT	58	SUSQUEHANNA TAX COLLECTION DISTRICT
25	ERIE TAX COLLECTION DISTRICT	59	TIOGA TAX COLLECTION DISTRICT
26	FAYETTE TAX COLLECTION DISTRICT	60	UNION TAX COLLECTION DISTRICT
27	FOREST TAX COLLECTION DISTRICT	61	VENANGO TAX COLLECTION DISTRICT
28	FRANKLIN TAX COLLECTION DISTRICT	62	WARREN TAX COLLECTION DISTRICT
29	FULTON TAX COLLECTION DISTRICT	63	WASHINGTON TAX COLLECTION DISTRICT
30	GREENE TAX COLLECTION DISTRICT	64	WAYNE TAX COLLECTION DISTRICT
31	HUNTINGDON TAX COLLECTION DISTRICT	65	WESTMORELAND TAX COLLECTION DISTRICT
		66	WYOMING TAX COLLECTION DISTRICT
		67	YORK TAX COLLECTION DISTRICT



RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION							
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					
STREET ADDRESS (No PO Box, RD or RR)							
SECOND LINE OF ADDRESS							
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER				
MUNICIPALITY (City, Borough or Township)							
COUNTY	RESIDENT PSD CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION - EMPLOYMENT LOCATION							
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)							
SECOND LINE OF ADDRESS							
CITY	STATE	ZIP CODE	PHONE NUMBER				
MUNICIPALITY (City, Borough or Township)							
COUNTY	WORK LOCATION PSD CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> <td style="width: 25px;"> </td> </tr> </table>					WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION	
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.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com