



## Lancaster County Tax Collection Bureau

1845 William Penn Way  
Lancaster, PA 17601  
Phone (717) 569-4521  
[www.lctcb.org](http://www.lctcb.org)



### Instructions for completing LCTCB W2 Spreadsheet

1. The formatted Excel spreadsheet is available at <http://www.lctcb.org/employer/>
2. DO NOT change the headings on this spreadsheet, DO NOT delete columns and DO NOT change the left to right order of the columns. DO NOT have any blank rows between the headings and the first data record; Data records must start on line 2. Any changes will cause the file to fail to process and require it to be resubmitted no later than the original due date.
3. Be sure to down fill all the columns for each employee record. For example, if you only put the FEIN or Year or Quarter on the first row the file will not process. The following columns *must* be completed for each employee:
  - a. FEIN: Your Federal Identification Number (with or without dash) – be sure leading zeros are not dropped by keeping the field formatted as text
  - b. Account: Your LCTCB Account Number. NOTE: If filing through the eReporting Website, you can leave this field blank.
  - c. Work PSD: Employer's 6 digit Municipal Code where business is physically located – be sure leading zeros are not dropped by keeping the field formatted as text
  - d. Year: Tax Year being submitted
  - e. Quarter: Quarter or month filing **as whole number only**. 1 through 4 for quarters or 1 through 12 if filing a combined monthly return. Do not use 1<sup>st</sup> or 2<sup>nd</sup> or month names or abbreviations. Combined filing on a monthly basis must be done through eReporting.
  - f. SSN: Employee's Social Security Number (with or without dashes) – be sure leading zeros are not dropped by keeping the field formatted as text
  - g. Last Name: Employee's Last Name (No punctuation)
  - h. First Name: Employee's First Name (No punctuation)
  - i. MI: Employee's Middle Initial or Middle Name
  - j. Address1: Employee's Street Address
  - k. Address2: PO Box Number or Apartment Number
  - l. City: Employee's City
  - m. State: Employee's State
  - n. Zip: Employee's Zip Code
  - o. Gross Wages: Total State Wages (include decimal point if denoting cents)
  - p. Tax Withheld: Local Earned Income Tax (EIT) Withheld (include decimal point if denoting cents)  
(Do not include Local Services Tax in this amount)
  - q. PSD: Employee's 6 digit Residence Municipal Code (required) – be sure that leading zeros are not dropped by keeping the field formatted as text.

## **Instructions for LCTCB W2 Spreadsheet**

1. All employers and accounting firms reporting to LCTCB must register and file using the LCTCB eReporting web-based application found on our website at <http://lctcb.localtaxonline.org/employer.html>
2. eReporting instructions are also found at <http://lctcb.localtaxonline.org/employer.html>