NOTICE OF INTENT TO FILE COMBINED RETURNS AND MAKE COMBINED PAYMENTS

DATE:

[Insert name address of Collector]

Please be advised that	, FEIN	, with a facility
located within your taxing jurisdiction at hereafter known as EMPLOYER, is hereby filing this Notice of Intent to File C Tax withheld from all employees who are employed in the Commonwealth of William Penn Way, Lancaster, PA 17601. Lancaster County Tax Collection Bure of combined returns and payments is effective (effective	f Pennsylvania with the Lancaster Count eau is the Tax Officer for the Lancaster Ta	ry Tax Collection Bureau, 1845 ax Collection District. The filing
As part of this decision EMPLOYER understands and commits to the following	g requirements:	
EMPLOYER shall deduct from the compensation due each employee, emgreater of the employee's resident tax or the employee's work location no Department of Community and Economic Development, Municipal Statis	on-resident tax as released in the official	
2. Within 30 days of the end of each month, EMPLOYER shall file a return calendar month from all employees employed within the Commonwealth		ducted during the preceding
3. The return shall be filed electronically and shall show the name, address a the employee during the preceding month, the local earned income tax de name imposing the income tax upon the employee, the total compensation income tax deducted from the employees and paid with the return and the each employee.	educted from the employee, the PSD Coon of all employees during the preceding	de and political subdivision month, the total local earned
4. Payment of the local earned income tax withheld must be made electronic the time of filing the monthly income tax return.	cally within thirty (30) days following th	e last day of each month, at
5. This Notice of Intention to File Combined Returns and Make Combined I employee's place of employment for purposes of non-resident tax liability		ge the location of an
 On or before February 28 of the succeeding year, EMPLOYER shall file vi. An Annual Return showing, for the period beginning January 1 of the amount of compensation paid, the total amount of income tax deduction Tax Collection Bureau. 	he current year and ending December 31	of the current year, the total
ii. An individual withholding statement, which may be integrated with employed for all or any part of the period beginning January 1 of the forth the address and Social Security number, the amount of comper earned income tax deducted, the amount of local earned income tax code prescribed by the department representing the tax collection di	e current year and ending December 31 on a sation paid to the employee during the paid to the Lancaster County Tax Collection.	of the current year, setting period, the amount of local ction Bureau, the numerical
NOTE: Lancaster Tax Collection District numerical code is 36 . This withholding statement of each employee whose income tax was rem		
7. If EMPLOYER discontinues business prior to December 31 of the curren business, electronically file the returns and withholding statements require the final returns.		
Responsible Person (signature)		
Responsible Person (printed name)		Dated
Responsible Person (printed name)		
Responsible Person Phone #		
	Emun	

Lancaster County Tax Collection Bureau Attention: Employer Department 1845 William Penn Way Lancaster, PA 17601