FRANKLIN COUNTY AREA TAX BUREAU

306 NORTH 2nd STREET, CHAMBERSBURG, PA 17201-1613

www.fcatb.org, Phone (717) 263-5141

Dear Employer:

Thanks so much for your interest in filing your organization's employee withholdings and wages electronically. The following two options are available for the electronic filing process.

Option 1 – For employers with a small number of employees.

The system will allow you to interactively enter and maintain your employees' names, addresses, resident and work PSD (Political Subdivision) codes and reported earnings and withholdings for both EIT (Earned Income Tax) and LST (Local Services Tax). Once you have filed electronically the first time, you will be able to copy your previous filing to the next period. You would then make any additions, deletions, or changes to employees and enter the wages and withholdings you are reporting for the new period. If you wish to use this interactive entry method, and you filed the previous period with us, we can create an initial file for you that will include all of the employees for whom you reported withholdings on your previous filing.

Option 2 – For employers with a large number of employees.

The system will allow you to upload a file of your employees and their withholdings for each tax period. The file must be in one of two specific formats.

Format 1 (preferred) – The easiest format is a CSV (comma-separated value) file. Please see the *CSV File Specifications* document. This can be created by using a spreadsheet program and saving the completed spreadsheet as a CSV file. If you prefer, a CSV file template can be downloaded from our website once you are registered. Many payroll software packages provide for extraction of data to a spreadsheet program which may make this method of reporting desirable to you.

Format 2 – Another file option is an extended EFW2 file. This is a version of the file submitted to the IRS with year-end W-2 information. There are several different versions of this file type currently being utilized by tax bureaus in Pennsylvania. There is an effort being made to develop a single version acceptable to every tax bureau, but, until a single version that is acceptable to every tax bureau is developed, we discourage using this format. If an EFW2 format remains your preference, please contact us so that we can provide you with the specifications for the single EFW2 format we currently accept.

Next Steps

Please complete the *Employer Electronic Filing Registration Form*. The completed form may be submitted to us via mail or email (EmployerTeam@fcatb.org). If you want only your accountant/tax preparer to have access to the organization's e-file account, simply indicate "Accountant/Tax Preparer – See Below" at the *Authorized User(s)* section. Once we receive your organization's registration, we will set up the organization's account for electronic filing and provide each user with a temporary password to access the system. The first time an authorized user accesses the system, the user is forced to change the temporary password.

We hope you will consider utilizing this method of reporting your local tax withholdings and wages. If you do, please notify us of any problems you encounter or of any enhancements you believe would improve the system.

Sincerely,

The Franklin County Area Tax Bureau Employer Team (717) 263-5141

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If you choose to securely upload a csv spreadsheet file, the columns that must be in the file are displayed below. Use as many rows as necessary to enter all of your employees. You can download a template for this file from the <i>Employer Tax Forms - Electronic Filing</i> link accessible through the Franklin County Area Tax Bureau website, <u>www.fcatb.org</u> .	csv spreadsh o nplate for thi	eet file, the s file from th	columns th . 1e <i>Employer</i>	at must be in the ⁻ Tax Forms - Elec	e file are disk ctronic Filing	ilayed below. l link accessible	Jse as many I through the I	ows as neces: ⁻ ranklin Count	sary to enter a ty Area Tax Bu	ıll of your reau
The column headings in Row 1 below are optional and need not receive and the data format that we are expecting.	w are option : are expectin	i al and need Ig.	l not be in tl	be in the file that you upload. Row 2 below provides an example of the data that we are expecting to	pload. Row 2	: below provid	es an examp	le of the data	that we are ex	pecting to
The Social Security Number in column A may be a maximum of nine digits but does not need to contain leading zeros.	nn A may be	a maximun	n of nine dig	gits but does not	need to con	ain leading zer:	.os.			
If you are generating the upload file from a payroll software package and the software does not break out employee names as indicated in columns B through E below, enter employee full names under <i>Last Name</i> in column D and leave columns B, C, and E blank. Our system will detect this and process it accordingly.	from a payro ist Name in c	oll software olumn D and	<u>package an</u> d d leave colu	<u>l the software do</u> mns B, C, and E t	<u>oes not breal</u> olank. Our sy:	<u>c out employee</u> stem will detec	<u>names as in</u> t this and pro	<u>dicated in colu</u> cess it accord	<u>umns B throug</u> lingly.	h E below,
<u>If you only have a PO Box address for an employee and do not currently have the physical address</u> , have the employee complete a <i>Residency Certification Form</i> to obtain the physical address. If you currently only have one address, enter it in the cells for the <i>Physical Street Address, Physical City, Physical State</i> , and <i>Physical Zip</i> in columns F through I.	ir an employe y only have o	ee and do no ne address,	<u>ot currently</u> enter it in t	<u>have the physica</u> he cells for the <i>P</i>	<mark>il address</mark> , ha hysical Stree	ve the employ. t Address, Phys	ee complete ical City, Phy.	a <i>Residency C</i> o sical State, an	ertification Fo d Physical Zip	<i>m</i> to obtain in columns
The <i>Tax Year</i> and <i>Tax Quarter</i> (columns N and O) must be correct and <u>must</u> be the same for all employees in the file that you are uploading.	mns N and O) must be c	orrect and <u>r</u>	<u>nust</u> be the sam	e for all emp	loyees in the fi	ile that you a	re uploading.		
The Tax Month per column P should be left blank unless you are set up with our of basis, enter a number from 1 to 12 to indicate the tax month that you are reporting.	d be left blan to indicate th	i k unless yo i e tax month		set up with our office to report tax withholdings on a monthly basis. If set up to report on a monthly you are reporting.	to report tax	withholdings	on a monthly	r basis. If set u	up to report or	a monthly
The <i>Resident PSD</i> per column T is the required 6-digit Political Subdivision (PSD) code where the employee resides	ne required 6	-digit Politi	cal Subdivis	ion (PSD) code w	vhere the em	ıployee resides				
The <i>Work PSD</i> per column U is the required 6-digit PSD code where the employee works. <u>If you have multiple work locations</u> , enter the work location for each <u>employee</u> , and, when you upload the file, you will be able to summarize withholding information by work location.	r equired 6-di e file, you wi	git PSD code Il be able to	e where the summarize	: employee work withholding info	<mark>s. If you hav</mark> rmation by v	<u>e multiple work</u> vork location.	k locations, ei	nter the work	location for e	ach
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1 Mailing Address (PO Box or different than physical address)	lifferent tha	n physical a	address)	Mailing City	Mailing State	te Mailing Zip	p Tax Year	Tax Quarter	Tax Month	
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QR	S	-								
1 Local Wages EIT Withheld LST Withheld Resident PSD	ST Withheld	Resident	PSD Work PSD	PSD						
2 10125.25 101.25	12.96		280402 28	280101						

FRANKLIN COUNTY AREA TAX BUREAU

306 NORTH 2nd STREET, CHAMBERSBURG, PA 17201-1613 *www.fcatb.org*, Phone (717) 263-5141

EMPLOYER ELECTRONIC FILING GENERAL INFORMATION

Once an Authorized User for your organization has been set up in our system, they will receive an email confirmation with an assigned temporary password, instructions, and general information about *Electronic Filing*. *Electronic Filing* questions should be directed to *EmployerTeam@fcatb.org* or at (717) 263-5141. When sending an email, please do <u>NOT</u> include any personally identifiable information (e.g.: social security numbers, individual wages or withholdings) in unsecured/encrypted email or voicemail messages.

DO NOT SHARE *User ID's*, passwords, and security questions. To authorize another individual to access your organization's account, please complete a new application and submit it to our office.

Please immediately notify the FCATB of any changes to your organization's authorized users (e.g.: terminated employees who had access) and third parties that may have been granted access to your employer account who you no longer want to have access.

INITIAL LOG-IN

To access your organization's e-file account using your log-in, go to the FCATB website (<u>www.fcatb.org</u>) and click first on the *Employer Tax Forms* link and then on *Go to E-file Reporting*. This will take you to the secure sign-on screen where all electronically transmitted data will be encrypted.

Enter your *User ID* and your temporary password. When you log in for the first time, you will be prompted to change your password and to create and answer three security questions.

PASSWORD RULES

Passwords are case sensitive, must be a minimum of eight characters, and include the following.

- a) at least one upper case letter,
- b) at least one lower case letter,
- c) at least one number, and
- d) at least one of the following symbols: !@#\$%^&*

DUE DATES

Filings are due the last day of the month following the end of the filing period. Due dates for *Calendar Quarter* filers are outlined below.

Calendar	Calendar	Calendar	Earliest Template	Earliest Template May
Quarter	Quarter End	Quarter Filing	May Be Set Up for	Be Set Up for Quarter
	Date	Due Date	This Quarter	Following This Quarter
1 st	3/31/YYY0	4/30/YYY0	2/1/YYY0	5/1/YYY0
2 nd	6/30/YYY0	7/31/YYY0	5/1/YYY0	8/1/YYY0
3 rd	9/30/YYY0	10/31/YYY0	8/1/YYY0	11/1/YYY0
4 th	12/31/YYY0	1/31/YYY1	11/1/YYY0	2/1/YYY1

E-FILING INSTRUCTIONS

For the first e-filing of your organization, the FCATB will create a file in your organization's account for the current period that includes the employees from your organization's prior period filing. You may either upload a file with the necessary information or use the file that the FCATB creates completing it by manually entering the necessary information; see additional information below.

Uploading a File with the Information

If you wish to upload a file* instead of manually entering the information, simply delete the file that the FCATB created for you and then an *Import Filing* option will appear. Click on *Import Filing* to select the file to be uploaded. Once the file is uploaded, you will be able to review and edit it prior to submitting it for processing; see <u>Manually</u> <u>Entering Information</u> below regarding reviewing and editing.

* File must be in either CSV or extended ERW2 format outlined in the letter that's the first page of this *E-File* Information & Registration packet.

Manually Entering Information

Review the file that the FCATB created making any necessary changes to names, social security numbers, addresses, and resident and work political subdivisions (PSD's) for the employees in the file. To assist you in updating and inputting the necessary information, the file may be sorted by clicking on the heading of the column by which you wish to sort the file. Add any new employees. *It is recommended that you wait to <u>delete</u> any employees for whom you will no longer have any wages or tax to report until <u>after</u> submitting the annual reconciliation for the year in which the employee terminates; otherwise those employees will need to be added back for the annual reconciliation. Click on <i>Quick Edit* option to enter the wages and withholdings for each employee.

Once you've submitted a filing electronically, you will be able to copy employees from that filing to the next reporting period once the due date for the submitted period has passed. See the table above for calendar quarter filers for additional information and the example below.

<u>CALENDAR QUARTER EXAMPLE</u>: If you file the quarterly filing for the 4th quarter ended December 31st on the following January 27th, you will be able to copy that 4th quarter filing to use for the following 1st quarter filing on February 1st because the 4th quarter filing was due January 31st.

FRANKLIN COUNTY AREA TAX BUREAU 306 North 2nd Street, Chambersburg PA 17201-1613, 717-263-5141 Employer Electronic Filing Registration Form

Our employer electronic filing system will allow you to submit your employee withholding detail electronically. You will also be able to remit payment for withholdings electronically via an ACH Debit or you will be able to print a voucher and remit payment by check for the electronically submitted detail. If your company is not already registered as a remitter of local earned income tax withholding, you must also complete the EMPLOYER REGISTRATION Local Earned Income Tax Withholding form.

Compa	ny Name:								EIN:	
AUTHORIZED USER(S)										
1. Name: Title:										
Email: Phone with Extension:										
*Access User ID:										
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E	mail:						Phone v	with Ex	tension	:
*	*Access User ID:									
* Access User ID is unique to each user and <u>may not be your email address, name or company name</u> . It should be a <u>minimum of 8</u> letters but may not be longer than 50 and <u>may not include spaces, special characters or numbers; case does not matter</u> .										
If you deem it necessary to allow more than two users, attach a list containing the above information for each additional user. However, no more than a total of four will be allowed.										
Third Party Access										
	ish to provide half, please co						reparer) with	n access	to your	account to complete filings on
3 rd Part	3 rd Party Company Name: EIN:									
Name:	Title:									
Email:	ail: Phone with Extension:									
ACH REMITTANCE METHOD										
We encourage you to remit payment for electronic filings by ACH debit. If you wish to remit payment by ACH debit, please provide the following information.										
Routing Number: Account Number:										
Please indicate if the above account is a checking or savings account:										
Name on the Account:										
						AUTHOR	IZATION			
I authorize the Franklin County Area Tax Bureau to provide the individuals indicated above with access to our electronic filing account for purposes of reporting local tax withholdings. I hereby agree to immediately notify Franklin County Tax Bureau of any changes to the above information.										

	Signature	_	Date
Name of Signer:		Title:	
Phone with Extension:		Email:	