FRANKLIN COUNTY AREA TAX BUREAU
306 N Second St, Chambersburg, PA 17201-1613
Phone (717) 263-5141

EMPLOYER CHANGE REQUEST

Company Name: _____ EIN: _____

ADDRESS CHANGE

____ Street address change ____ Mailing address change Effective Date: _____ / _____ / _____

Current Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip Code: _____

New Address:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (if different from above) _____

City: _____ State: _____ Zip Code: _____

STATUS CHANGE

Please indicate reason for inactivating the business account. Effective Date: _____ / _____ / _____

____ Business is closed ____ Business has been sold

____ Employees are no longer on payroll ____ Employees are not subject to local tax

____ Other (Explain) _____

Authorized Company Representative: _____

Title of Authorized Representative: _____

Signature: _____ Date: _____ / _____ / _____

Phone: _____ Email Address: _____

Email completed form to EmployerTeam@fcatb.org or mail to address above.