



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. Contact 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

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

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FEDERAL EIN OR SOCIAL SECURITY #

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ORGANIZATION

TYPE OF ORGANIZATION

LLC

Individual Proprietorship

Partnership

Association

Fiduciary

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? Yes No

Has your organization opted to remit EIT for employees at all locations to a single Tax Collection District? Yes No

If YES, please insert 2-digit code for Tax Collection District Selected (choose from list on reverse side)

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

FRANKLIN COUNTY AREA TAX BUREAU

207 GRANT STREET, CHAMBERSBURG, PA 17201-1627

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

Dear New Franklin County PA Employer:

Employers are able to file their employee withholdings and wages electronically or on paper with the Franklin County Area Tax Bureau. 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, fax, 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

FRANKLIN COUNTY AREA TAX BUREAU
Employer Electronic Filing
CSV File Specifications

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 *Employer Tax Forms - Electronic Filing* link accessible through the Franklin County Area Tax Bureau website, www.fcatab.org.

The column headings in Row 1 below are optional and need not be in the file that you upload. Row 2 below provides an example of the data that we are expecting to receive and the data format that we are expecting.

The Social Security Number in column A may be a maximum of nine digits but does not need to contain leading zeros.

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 Last Name in column D and leave columns B, C, and E blank. Our system will detect this and process it accordingly.

If you only have a PO Box address for an employee and do not currently have the physical address, have the employee complete a *Residency Certification Form* to obtain the physical address. If you currently only have one address, enter it in the cells for the *Physical Street Address, Physical City, Physical State, and Physical Zip* in columns F through I.

The Tax Year and Tax Quarter (columns N and O) must be correct and must be the same for all employees in the file that you are uploading.

The Tax Month per column P should be left blank unless you are set up with our office to report tax withholdings on a monthly basis. If set up to report on a monthly basis, enter a number from 1 to 12 to indicate the tax month that you are reporting.

The Resident PSD per column T is the required 6-digit Political Subdivision (PSD) code where the employee resides.

The Work PSD per column U is the required 6-digit PSD code where the employee works. If you have multiple work locations, enter the work location for each employee, and, when you upload the file, you will be able to summarize withholding information by work location.

	A	B	C	D	E	F	G	H	I
1	Soc Sec No	First Name	Middle Name	Last Name	Suffix (Jr Sr)	Physical Street Address	Physical City	Physical State	Physical Zip
2	123456789	John	Q	Public	Jr	12345 Any Street	Mercersburg PA	PA	17236

	J	K	L	M	N	O	P
1	Mailing Address (PO Box or different than physical address)	Mailing City	Mailing State	Mailing Zip	Tax Year	Tax Quarter	Tax Month
2	PO Box 50	Chambersburg PA	PA	17201	2022		1

	Q	R	S	T	U
1	Local Wages	EIT Withheld	LST Withheld	Resident PSD	Work PSD
2	10125.25	101.25	12.96	280402	280101

FRANKLIN COUNTY AREA TAX BUREAU

207 GRANT STREET, CHAMBERSBURG, pa 17201-1627

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 NOT 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 (www.fcatb.org) 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 Quarter	Calendar Quarter End Date	Calendar Quarter Filing Due Date	Earliest Template May Be Set Up for This Quarter	Earliest Template May Be Set Up for Quarter Following This Quarter
1 st	3/31/YYYY0	4/30/YYYY0	2/1/YYYY0	5/1/YYYY0
2 nd	6/30/YYYY0	7/31/YYYY0	5/1/YYYY0	8/1/YYYY0
3 rd	9/30/YYYY0	10/31/YYYY0	8/1/YYYY0	11/1/YYYY0
4 th	12/31/YYYY0	1/31/YYYY1	11/1/YYYY0	2/1/YYYY1

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 **Manually Entering Information** 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 delete any employees for whom you will no longer have any wages or tax to report until after 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 *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.

CALENDAR QUARTER EXAMPLE: 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
207 Grant Street, Chambersburg PA 17201-1627, 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.***

Company Name: **EIN:**

AUTHORIZED USER(S)

1. Name: **Title:**
Email: **Phone with Extension:**

***Access User ID:**

2. Name: **Title:**
Email: **Phone with Extension:**

***Access User ID:**

*** Access User ID is unique to each user and may not be your email address, name or company name. It should be a minimum of 8 letters but may not be longer than 50 and may not include spaces, special characters or numbers; case does not matter.**

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

If you wish to provide a 3rd party (e.g.: your accountant or tax preparer) with access to your account to complete filings on your behalf, please complete the following information.

3rd Party Company Name: **EIN:**

Name: **Title:**
Email: **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:

AUTHORIZATION

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.

	<i>Signature</i>		<i>Date</i>
Name of Signer:	<input type="text"/>	Title:	<input type="text"/>
Phone with Extension:	<input type="text"/>	Email:	<input type="text"/>