



Upper Dublin Township
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Ft. Washington, PA 19034-1697
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Earned Income Tax Employer Registration Form

Please provide the following information so that we may update our files.

Name of Business/Company: _____

Mailing Address: _____

Property Location: _____

Address forms should be sent: _____
(if different from above) _____

Effective Date: _____

Federal Identification Number: _____

Number of Employees: _____

Please provide the following information for the contact person for Earned Income Tax processing for your business:

Name: _____

Title: _____

Telephone Number: _____

FOR OFFICE USE ONLY:

Account #: _____

(PLEASE COMPLETE REVERSE SIDE)

The following information must be completed for each employee:
(A computer generated listing, including the same information, may be substituted)

Employee's Name: _____

Employee's Address: _____

Employee's SS#: _____

Employee's Name: _____

Employee's Address: _____

Employee's SS#: _____

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Employee's Address: _____

Employee's SS#: _____

Employee's Name: _____

Employee's Address: _____

Employee's SS#: _____

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