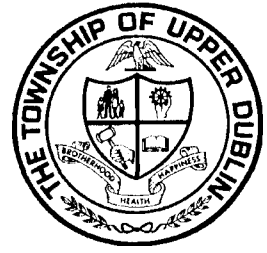


**UPPER DUBLIN
TOWNSHIP**

Finance Office
801 Loch Alsh Avenue
Fort Washington, Pa 19034-1697
Phone: (215) 643-1600
Fax: (215) 542-0797
www.upperdublin.net



**Upper Dublin Township
Local Services Tax
Employer Registration Form**

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 payroll tax processing for your business:

Name: _____

Title: _____

Telephone Number: _____

FOR OFFICE USE ONLY:

Account # _____

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

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____

Employee's Name: _____

Employee's SS#: _____