berkheimer
PO Box 21570 Lehigh Valley, PA 18002

EMDI OVER INFORMATION

Name Address City State

& Zip **EMPLOYER LOCAL SERVICES TAX REGISTRATION** 



LSTR

WE	B PSD
----	-------

Please complete this form and return to our office at: Berkheimer Tax Innovations PO Box 21570 Lehigh Valley, PA 18002

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3182. Or, you can visit our website at www.hab-inc.com.

Berkheimer is not the appointed tax hearing officer for your taxing district and will not accept any petitions for appeal. Petitions for appeal must be filed with the appropriate appeals board for your County. Berkheimer can provide you with the proper procedures and forms necessary to file an appeal with the appeals board for your Tax Collection District.

## To comply with Act 511 of The Pennsylvania State Legislature (and the law in your local taxing district), you are required to provide the following information. All information will be held in strict confidence.

											, ,																										
EMPLO	JYE	RBUS	INES	SS N/	AME	(Use	e Feo	deral		lame	:) 																			-		-			-		
EMPLO	DYE	R BUS	INES	SS LO	CA	TION	l (Str	eet a	addre	ess w	vithin	PA -	NO	POE	Зox,	RD o	or R	R)																			
																																				Τ	]
SECO	ND L	.INE C	FAC		SS																															_	-
																																					]
	DR P	OST	DFFIC	CE															-							ST	ATE			ZIP		-	-	-	-	-	1
	DYE	R MAI	LING	ADD		SS (A	\ ddre	ess w	/here	all f	orms	are	to be	e ser	nt)			-		-						-	_	_				-	-	-			
																				Τ	Τ		Τ	Т										Τ	Τ	Τ	1
SECO		.INE C	F AC		ESS	I	I		L				L			I		_	I																	_	1
			1	1														1		Т	Т		Т	Т										Г	Т	1	1
	DR P			L CE			I	I				I				I										ST	ATE			I ZIP							1
			T			1										1		1		Τ	Τ		Τ			Г	Τ	٦			Τ				٦		
	ECT		JG .II	IRIS			(Nai	l me o	f Tov	l	in or	Borc	l	whe	re bi	I	 ss i	s loca													_			_			
	T																			, 	Τ			Т								Γ		Τ	Τ	Τ	1
	IES:	S PHO	NE N	1 JUME	I BER		I		I		I E-M	I AIL /	L Addi	RES	s	I		_												I		1	1	1			J
																				1	1		-													1	
										TE 6			<u>с ет</u>	ADT		Mont	h a	 nd Ye										(Incl	udo	Full	and	 Port	Tim				
									Г				3 31			INIOIII	li a	nu re	5ai )									(IIICI	uue	i uli	anu	ran	11111	=)			
				T	T					5					<u> </u>															1							
								Ļ																													
			1 (⊢ır T	st Na	ame, I	Last	t Nar T	ne) I		_	1 Г	_				_								-	-	-	_	_		_						<u> </u>	_
								Ļ																													
			2 (Fir 1	st Na	ame, I	Last	t Nar T	ne) I	-		1 Г	-				_								1	-	-	-	-		-						<u> </u>	_
PAYR	DLL	CONT	ACT	NA	ME (	First	Nam	ne, La	ast N	lame	e) 1 F																										
					FR		FRI		/ TL		Δ1			RM	ΔΤ				STA	TE		NTO	с н	FP	FIN		SE .	TRI	IE	ΔΝ		OP	RF	СТ			
SICI	ταιν	URE							11					1 / 141	<b>A</b> 11						141 🖻													<b>U</b> 1.			
0.01	1/71	SIL																										- (		,00	7 1 1		/				