



Local Authorization to Add/Change

(To be kept by employer for future additions and/or changes)

Company Legal Name: _____ Company Code: _____

A \$75.00 handling fee will be charged per month, per jurisdiction until a valid I.D. number is received

ALL "APPLIED FOR" ACCOUNT NUMBERS MUST BE ACCOMPANIED BY A COPY OF THE AGENCY REGISTRATION FORM

Add

Change

PA LOCALS		
LOCALS	TAX COLLECTOR	
Payroll Code _____	Tax Collection District _____	Effective Date _____
PSD Code _____	County _____	Tax ID# _____
Client's Worksite Address _____ _____ _____	School District Name _____ _____	*Deposit Frequency _____
	Municipality Name _____ _____	Rate _____
		Do you pay to a Single Tax Collection Agency? <input type="radio"/> Yes <input type="radio"/> No
OH LOCALS		
Effective: Quarter _____	Year _____	Check Date _____
Tax Collection Agency _____	School District Name _____	Effective Date _____
Tax ID# _____	*Deposit Frequency _____	Rate _____
AL, CO, DE, IN, KY, MD, MI, MO, NY LOCALS		
Effective: Quarter _____	Year _____	Check Date _____
Tax Collection Agency _____		Effective Date _____
Tax ID# _____	*Deposit Frequency _____	Rate _____

Any noted change in I.D. number information and/or filing status must be supported with valid proof from the respective taxing authority. Any notices, penalties, and/or interest resultant from erroneously provided information will be the Client's responsibility.

CLIENT SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

*Use one of the following: **N**=Next Day **4**=Weekly/Quarter-Monthly **SW**=Semi-Weekly **SM**=Semi-Monthly **M**=Monthly **Q**=Quarterly