

Capital Tax Collection Bureau

www.captax.com

Central Dauphin Division
 425 PRINCE ST
 HARRISBURG PA 17109-1734
 (717) 545-2791 Phone
 (717) 545-3028 Fax

Harrisburg Division
 2301 N 3RD ST
 HARRISBURG PA 17110-1893
 (717) 234-3217 Phone
 (717) 234-2962 Fax

Carlisle Division
 19 S HANOVER ST STE 102
 CARLISLE PA 17013-3336
 Phone (717) 243-3725
 Fax (717) 243-9224

EIT/OPT EMPLOYER REGISTRATION FORM

Employers Must Complete in Full and Return Within Fifteen Days. All Questions Must Be Answered Fully.

The following information will be held in strictest confidence.

Business Name				Federal ID Number		
Mailing Address			City		State	Zip Code
Street Address(es) (Location in our Jurisdiction)			Name of Municipality(ies) (City, Boro, Twp.) in Which Business is Located.			
1. _____			1. _____			
2. _____			2. _____			
3. _____			3. _____			
Telephone Number	Fax Number	E-Mail Address		Describe Nature of Business		
No. of Employees		Will Tax Withheld Exceed \$300.00/Qtr.		Date You Did or Will Start to Withhold local Tax		
Name and Address Where You Want Forms Mailed if Different From Above. Indicate: This Time Only or Always						
Type of Organization (Check One) <input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> C-Corporation <input type="checkbox"/> Other <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> S-Corporation						
If Individual Proprietorship or Partnership Complete This Section						
Name of Owner or Owners		Address of Owner or Owners		Post Office	State	Zip Code
If Corporation, Indicate: Date and State of Incorporation						
Name and Home Address of Partners or Officers and Title						
Name		Title	Address		Post Office	State
If your business is not located in our jurisdiction but you are doing business in our jurisdiction, please give the nature and duration of your work in our area.						
Name and telephone number of the person to contact if we have a question about the information on this form						
Tax Office Use Only						
CRT	Forms Sent		EIT		OPT	