

Philadelphia Department of Revenue Electronic Government Services MSB – 1401 JFK Blvd – Rm 430 Philadelphia, PA 19102-1697 Phone: (215) 686-6582 or 6459 Email: egovservices@phila.gov	Enrollment Agreement for Electronic Funds Transfer (EFT) of Tax Payments	Office Use Only
	ACH Debit	Federal EIN
		Philadelphia Tax Account Number

Faxes and/or copies of banking information will not be accepted and will delay application processing.

1) Action Requested Establish EFT Change Contact Information

2) Business Name

Business Address

City, State, Zip

3) Enter information of individual to contact regarding EFT. Owner Accountant Payroll Service Other

Name: Last First MI Email Address

Telephone Number (including extension)

Fax Number

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4) Mailing Address

City, State, Zip

5) Eligible Taxes

Check the appropriate block(s) to indicate the tax(es) you will be paying by EFT.

- | | |
|---|--|
| <input type="checkbox"/> 01 – Wage Tax* | <input type="checkbox"/> 23 – Hotel Room Rental Tax |
| <input type="checkbox"/> 02 – Earnings Tax | <input type="checkbox"/> 24 – Business Income and Receipts Tax |
| <input type="checkbox"/> 03 – Net Profits Tax | <input type="checkbox"/> 28 – Liquor Sales Tax |
| <input type="checkbox"/> 06 – Amusement Tax | <input type="checkbox"/> 29 – School Income Tax |
| <input type="checkbox"/> 08 – Parking Lot Tax | <input type="checkbox"/> 58 – Valet Parking Tax |
| <input type="checkbox"/> 09 – Coin Operated Amusement Tax | <input type="checkbox"/> 60 – Real Estate Tax |
| <input type="checkbox"/> 10 – Beverage Tax | <input type="checkbox"/> 76 – Outdoor Advertising Tax |
| <input type="checkbox"/> 14 – Vehicle Rental Tax | <input type="checkbox"/> 84 – Use & Occupancy Tax |

***Wage Tax Filing Frequencies**

Quarterly – For an employer who withholds less than \$350 Philadelphia wage tax per month.

Monthly – For an employer who withholds Philadelphia wage tax in excess of \$350 but less than \$16,000 per month.

Weekly – For an employer who withholds Philadelphia wage tax of \$16,000 or more per month.

Please use the correct period and year when remitting your payments.

Failure to do so will result in the misapplication of your payment, assessment of interest and penalty and/or legal action.

MAIL THE ORIGINAL COPY OF THE COMPLETED ENROLLMENT AGREEMENT TO THE ABOVE ADDRESS.

City of Philadelphia
Electronic Funds Transfer (EFT)
ACH Debit Enrollment Agreement

Please attach *original* voided check here
 Faxes and/or copies **will not** be accepted and **will** delay application processing.

If checks are not used for this account, one of the following data **must be** supplied:

- An **original bank specification sheet** indicating company name, bank account number, and ABA number.
- An **original bank deposit slip** indicating company name, bank account number, and ABA number.
- An **original confirmation letter from your bank** indicating company name, bank account number, and ABA number.

Enter information for the bank account from which tax payments will be drawn using the ACH DEBIT payment method. Please attach a voided check or MIRC specification sheet to verify your bank account information. If you use separate bank accounts to make different tax type payments, a separate Enrollment Agreement must be completed for each bank account used. Make a photocopy of this Enrollment Agreement, and check the appropriate block(s) in section 5 on the first page of this form, to indicate the tax type(s) which will be paid from the bank account listed.

Bank Name

Account Number

Street Address

Transit Routing (ABA) Number:

City State Zip Code

Type of Account: Checking Savings

Authorized Signature

I certify that the information provided on this form is true and correct and hereby authorize the City of Philadelphia, Department of Revenue to use the above information in direct conjunction with the EFT Program.

Print: Last First MI

Telephone Number Date

Signature of above individual

Title