Philadelphia Department of Revenue **Electronic Government Services** MSB – 1401 JFK Blvd – Rm 430 Philadelphia, PA 19102-1697

Forward applications and questions to:

Enrollment Agreement for Electronic Funds Transfer (EFT) of Tax Payments

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$\boldsymbol{\Box}$			uit

Office Use Only				
Federal EIN				
Philadalphia Tay Assaurt Number				

Email: achcredit@phila.gov		ACH Credit					
1)	Action Requested	Establish EFT	Change Contact Inf	ormation			
2)	Business Name						
	Business Address						
	City, State, Zip						
3)	3) Enter information of individual to contact regarding EFT.						
	Name: Last First	MI	I	Email Address			
	Telephone Number (including extension) Fax Number						
	()	,	()				
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.						
	☐ 01 – Wage Tax* ☐ 02 – Earnings Tax ☐ 03 – Net Profits Tax ☐ 06 – Amusement Tax ☐ 08 – Parking Lot Tax ☐ 09 – Coin Operated Amu ☐ 10 – Beverage Tax ☐ 14 – Vehicle Rental Tax	sement Tax	☐ 24 – Busines ☐ 28 – Liquor ☐ 29 – School ☐ 58 – Valet P ☐ 60 – Real Es ☐ 76 – Outdoo	Income Tax arking 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. Semi-Monthly – For an employer who fits the weekly filing criteria with a bi-weekly payroll.							

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.

THIS COMPLETED ENROLLMENT AGREEMENT CAN BE FAXED OR MAILED TO THE ABOVE ADDRESS.