

**REQUEST FOR PERMISSION TO FILE A COMBINED RETURN
OF LOCAL EARNED INCOME TAXES WITH JORDAN TAX SERVICE, INC.**

Employer: _____

Complete list of Employer's places of business in Pennsylvania including parent company and subsidiaries:

<u>Address</u>	<u>Tax Collection District ("TCD")</u>

- Check here if continued on an attached sheet.
 I am aware that each of the locations listed above (and on attached sheet, if applicable) will need to be registered on JTS's website at <http://www.jordantax.com/Act32/EmployerRegister.html>

TCD with which Employer seeks permission to file combined return ("Filing TCD") (check one):

- Allegheny County Central TCD Southwest Allegheny County TCD

Check each that apply:

- Employer employs one or more employees working within the Filing TCD.
- Employer maintains payroll operations within the Filing TCD.
- Employer does not maintain payroll operations within Pennsylvania.
Payroll Operations Office Address: _____
- Employer's sole payroll operations are maintained in Pennsylvania; however, the Tax Officer for that TCD refused, in writing, to permit Employer to file a combined return. (Attach a true and correct copy of the Tax Officer's written refusal to permit the filing of a combined return. Failure to do so will result in a denial of Employer's request.)

NOTICE TO EMPLOYER

If Employer's request is approved, Employer must provide written notice, in a form provided by Jordan Tax Service, Inc., to the Tax Officer of all Employer's places of employment at least **30 days prior** to filing its first combined monthly return or making its first combined monthly payment. Copies of each notice must be provided to Jordan Tax Service, Inc. before Employer will be permitted to file a combined return.

Proposed date of first combined filing: _____

EMPLOYER'S AGREEMENT AND DECLARATION

Employer agrees to timely withhold and electronically file the proper amount of local earned income tax ("EIT") together with a complete and accurate return for each of its employees that work in all of its places of business in Pennsylvania with Jordan Tax Service, Inc. and will otherwise carry out its duties and responsibilities as an Employer under Act 32 of 2008.

Signature of Authorized Representative of Employer: _____

Print full name: _____ Title: _____ Date: _____

Phone: _____ Email: _____

Mailing address: _____

Employer's Federal Tax ID No. (FEIN): _____

Jordan Tax Service, Inc. • Act 32 Compliance • 102 Rahway Rd, McMurray, PA 15317 • 412-345-7966

(Jordan Tax Service, Inc. Use Only)

REQUEST _____ **APPROVED** _____ **DENIED** **DATE:** _____

Signature of Authorized Representative of **Jordan Tax Service, Inc.:** _____