

Philadelphia Department of Revenue Electronic Government Services MSB – 1401 JFK Blvd – Rm 530 Philadelphia, PA 19102-1697 <b>Phone: 215 686-2694, 6582, 6628 or 6459</b> <b>Fax: 215 686-6828</b> <b>Email: egovservices@phila.gov</b>	<b>Enrollment Agreement for          Electronic Funds Transfer (EFT)          of Tax Payments</b>  <b>ACH Debit</b>	Office Use Only
		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

(      )                                      (      )

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

**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	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
State	Zip Code

**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	