



MILLCREEK TOWNSHIP, LEBANON COUNTY
BOARD OF SUPERVISORS

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LOCAL SERVICES TAX

NEW EMPLOYER REGISTRATION FORM

Date: _____

Employer/Business Name: _____

Physical Address: _____

Telephone No. _____ Fax No. _____

E-mail address: _____

Contact Person: _____

If you have a payroll tax service submitting your return and payment provide name, address, phone number and e-mail: _____

If this is a remote/work from home employee, please include their name & address _____

Email of your quarterly Local Services Tax returns is available; please check here if you would like to receive your forms in this format

Signature and title