

Philadelphia Department of Revenue Electronic Government Services MSB – 1401 JFK Blvd – Rm 430 Philadelphia, PA 19102-1697 Ph: 215 686-6582, 6579, or 6539 Fax: 215 686-6828 Email: egovservices@phila.gov	Enrollment Agreement for Electronic Funds Transfer (EFT) of Tax Payments ACH Debit	<div style="background-color: #cccccc; padding: 5px;">Office Use Only</div> <div style="border: 1px solid black; padding: 5px;">Federal EIN</div> <div style="border: 1px solid black; padding: 5px;">Philadelphia Tax Account Number</div>
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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

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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.

☐ 01 – Wage Tax*

☐ 24 – Business Income and Receipts Tax

☐ 02 – Earnings Tax

☐ 28 – Liquor Sales Tax

☐ 03 – Net Profits Tax

☐ 29 – School Income Tax

☐ 06 – Amusement Tax

☐ 58 – Valet Parking Tax

☐ 08 – Parking Lot Tax

☐ 60 – Real Estate Tax

☐ 09 – Coin Operated Amusement Tax

☐ 76 – Outdoor Advertising Tax

☐ 14 – Vehicle Rental Tax

☐ 84 – Use & Occupancy Tax

☐ 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 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