

MAIL TO: West Shore Tax Bureau
Employer Department
PO Box 656
Camp Hill, PA 17001 -0656

CHANGE / CORRECTION FORM

CURRENT INFORMATION	CORRECT INFORMATION
Federal EIN	Federal EIN
Bureau Account #	Bureau Account #
Name and Address of Business Entity.	Name and Address of Business Entity.
CONTACT PERSON'S NAME _____	
TELEPHONE NO. _____	
DATE _____	
AUTHORIZED OFFICER'S SIGNATURE _____ TITLE _____	