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

FINAL REPORT IF BUSINESS IS TERMINATED OR NO LONGER HAS EMPLOYEES

CURRENT INFORMATION	NEW ACCOUNT INFORMATION
Federal EIN	**Federal EIN**
Bureau Account #	**Bureau Account #**
Name and Address of Business Entity.	**Name and Address of Business Entity.**

REASON FOR FINAL REPORT: (check one) Date of Last Payroll

- ☐ Business closed _____/_____/_____
- ☐ Business sold
- ☐ No longer have employees liable for this tax
- ☐ No employees on payroll
- ☐ Other – Explain _____

Authorized officer's name (print) _____ Phone _(____)_____

Authorized officer's signature _____ _____ _____

(required) Title Date

17-91010-033457