

**EMPLOYEE'S REQUEST TO WITHHOLD LOCAL EARNED INCOME TAX**

**Southwest Regional Tax Bureau**

One Centennial Way  
 Scottsdale, Pennsylvania 15683

Form IT-5 REV.

COMPLETE IN DUPLICATE: 1 - BUREAU 2 - EMPLOYER FILE

TAXPAYER'S NAME  
 HOME ADDRESS  
 (MUST HAVE STREET WITH P.O. BOX)

TAXPAYER'S SOCIAL SECURITY NO.  
 TELEPHONE NUMBER

CITY STATE ZIP CODE

TAXING DISTRICTS	SCHOOL DISTRICT	CODE NO.	PERCENT %	MUNICIPALITY	TOWNSHIP BOROUGH-CITY	CODE NO.	PERCENT %	TOTAL PERCENT

EMPLOYER NAME-ADDRESS-FED. ID #

EMPLOYER TELEPHONE #

INDICATE ABOVE ANY CHANGE IN NAME, ADDRESS, ACCT. NO., OR TAXING DISTRICT

Being subject to Earned Wage of Income Tax in the taxing jurisdiction names on this form, I hereby request and authorize you to deduct each pay, at the payment of compensation to me the Earned Wage or Income Tax Due and payable by me thereon and to remit said amounts to the Earned Income Tax Officer. Further I understand that even though this Tax is being withheld, that I must still file a Final Earned Income Tax Return for the Tax Year.

MAIL TO: SOUTHWEST REGIONAL TAX BUREAU, ONE CENTENNIAL WAY, SCOTTDALE, PA 15683

SIGNATURE DATE