

LOCAL SERVICES TAX REGISTRATION

You are required to answer the following questions. All information will be held in strict confidence. To comply with Act 511 of The Pennsylvania State Legislature (and the law of your local taxing district).

Trade Name: _____

Federal Employer ID Number: _____

Name(s) of the owner(s): _____

Payroll Contact: _____

Business Telephone Number: _____ E-mail Address: _____

Correct Taxing Jurisdiction (Name of Township or Borough where business or employee is located):

Employer Business Location: _____

Mailing address where all forms are to be sent: _____

Number of Employees: _____ (include both full and part-time)

Type of Business: _____

Date Business Started: _____ (Month and Year)

I hereby certify that all information and statements herein are true and correct.

Date: _____

Signature: _____