

MUNICIPAL AND SCHOOL INCOME TAX REGISTRATION

➔ IF BUSINESS IS INCORPORATED, COMPLETE BOTH SIDES OF THIS FORM. ➔

To Be Answered
Within 10 Days
And Returned In
The Enclosed
Envelope



earned income tax administrator
50 North Seventh Street
Bangor, PA 18013

For Tax Office
Use Only
Account Code No.

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

(Please Print or Type)

TO BE ANSWERED BY BUSINESS OWNERS AND/OR EMPLOYERS:

1. Name(s) of the Owner(s) _____

If business is NOT INCORPORATED,

Give home address of Owner(s): _____

2. Trade Name _____

(If different from above)

3. Federal Employer I.D. No. _____

4. Business Telephone No. _____ / _____

5. Correct Taxing Jurisdiction:

(Name of Township or Borough where business is located)

6. Mailing Address where all forms are to be sent _____

7. Check Type of Organization: PROPRIETORSHIP PARTNERSHIP CORPORATION

OTHER (Explain): _____

8. Kind of Business _____ Date Business Started: _____

(Month and Year)

9. Number of Employees _____ (Include both Full and Part-time)

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

Date _____

(Signature)

SPECIAL NOTICE

All businesses should notify the EARNED INCOME TAX OFFICE of any changes in address, ownership, etc., promptly, so that all records may be adjusted. If business is discontinued, please advise us within thirty days stating if same has been liquidated or sold. If sold, give name and address of new owner.