

Local Services Tax Registration

To comply with Act 511 of The Pennsylvania State Legislature, you are required to answer the following questions. All information will be held in strict confidence.

Trade name: _____

Federal Employer Number: _____

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

Payroll Contact: _____

Business phone number: _____ E-Mail: _____

Mailing address where all forms are to be sent:

Number of employees: _____ (full & part-time)

Type of business: _____

Date business started: _____ (year & month)

Date: _____

Signature: _____