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 | |
|---|---|
| EIN or FEIN Number | |
| Type of business | |
| Name(s) of the owner(s) | _ |
| Payroll contact | _ |
| Business phone numberEmail | _ |
| Mailing address: | |
| | |
| | |
| Date business started | |
| If remote employee – Employee's home address: | |
| | |
| | |
| Date | |
| Signature | |

Marlene M. Gunther
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