

Make Checks Payable To:

Central Tax Bureau Of PA, Inc.
500 West Dutton Mill Rd
Suite 105
Aston PA, 19014-3029
(610) 497-6030 / (866) 392-1125

REGISTRATION FORM
FOR BUSINESS
PRIVILEGE TAX

2011

DUE DATE: _____

The following information is necessary for our records and will be held in strictest confidence. ALL QUESTIONS MUST BE ANSWERED FULLY. USE THE REVERSE SIDE IF NECESSARY. COMPLETE AND RETURN IMMEDIATELY.

OWNERSHIP

FOR OFFICE USE ONLY

1. BUSINESS NAME AND ADDRESS:

RECEIVED BY: _____

AMOUNT PAID: _____

LICENSE NO. ISSUED: _____

TYPE CODE: _____ ACCOUNT NO: _____

Cash

Check

Money Order

2. ACCOUNT NUMBER:

3. BRANCH OFFICE ADDRESS (IF LOCATED WITHIN MUNICIPALITY):

LICENSE FEE:

Service \$10.00

Rental \$10.00

4. BUSINESS PHONE NUMBER:

RESIDENTIAL PHONE NUMBER:

A SEPARATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS.

5. DO YOU RENT A BUSINESS LOCATION:

Yes

No

If YES, please provide name & address of rental/leasing agent.

6. NAMES OF OWNERS, PARTNERS OR OFFICERS

ADDRESS

TITLE

ORGANIZATIONS

7. TYPE OF ORGANIZATION:

Individual Proprietorship

Partnership

Corporation

Fiduciary

Association

DATE INCORPORATED: _____

STATE: _____

8. NATURE OF BUSINESS:

Retail

Wholesale

Rental

Manufacturing*

Service*

Trade

Construction

Fabricating*

Amusement

Other: _____

*EXPLAIN METHODS USED ON REVERSE SIDE.

9. DATE LOCAL OPERATION BEGAN:

10. TYPE OF DISTRICT BUSINESS:

Established

New

Seasonal*

Transient

Itinerant*

*INDICATE APPROXIMATE DATE WHEN OPERATIONS IN DISTRICT WILL END: _____

11. ACCOUNTING BASIS:

Cash

Accrual

Other (Explain) _____

ACCOUNTING PERIOD:

Calendar

Fiscal Year Ending

12. NAME AND ADDRESS OF PERSON OR FIRM IN CHARGE OF RECORDS:

CERTIFICATION

I hereby certify under the penalties of law that all statements made hereon are to the best of my knowledge and belief true, correct and complete. If this form is being prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): _____ Date: _____

Signature of preparer (if other than taxpayer)

Date: _____

Name:

Type or print

Title: _____

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.