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LOCAL SERVICES TAX REGISTRATION

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.

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 is located): _____

EMPLOYER BUSINESS LOCATION (Street address within PA-**No** PO Box, RD or RR) _____

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: _____

If you would like more information on how to file electronically please visit us on the web at www.berk-e.com.

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3139, during the hours of 9:00 AM through 4:30 PM, Monday through Friday. If Berkheimer is not the appointed tax hearing officer in your taxing district, you must contact your taxing district about the proper procedures and forms necessary to file an appeal.