

PITCAIRN
BUSINESS REGISTRATION
<http://www.monroeville.pa.us/>

Account # _____

The taxes levied by Pitcairn Ordinance require anyone engaged in any business activity to register with Pitcairn Borough the following information: (type or print neatly)

Business Name _____ Local # (412) _____

Name of Owner _____ Fax # (412) _____

Business Address in Pitcairn _____

Type of business entity (Check () applicable category):

Individual Partnership Corp. Other: (send description)

Federal Tax Identification Number: _____

DATE BUSINESS OPENED IN PITCAIRN (MONTH/DAY/YEAR) _____

Description of Activity _____

Mercantile tax form mailing address:

Attention: _____ Phone # _____ Fax # _____
Email address: _____

Local Services tax form mailing address:

(Complete only if mailing address is different from the above addresses)

Attention: _____ Phone # _____ Fax # _____
Number of Employees at Pitcairn Location _____

Name, Social Security Number, & Residence Address of Individual Owners, Partners, Corporate Officers: (attach list if necessary)

Name _____ SS # _____ - - Title _____

Address _____

Name _____ SS # _____ - - Title _____

Address _____

Certification: I hereby certify that the information contained herein is true, correct and complete to the best of my knowledge.

Signature: _____ Title: _____ Date: ____ / ____ / ____

Return to: Business Tax Office
2700 Monroeville Blvd.
Monroeville, PA 15146-2388

Direct inquiries to: Email:montax@monroeville.pa.us Fax 412-856-1054 or Telephone 412-317-5080

NOTE: TO ENSURE PROPER FILING OF RETURNS, ANY CHANGES IN THE INFORMATION GIVEN HEREIN SHOULD BE REPORTED TO THE BUSINESS TAX OFFICE IMMEDIATELY!!!

TAX OFFICE USE: WRITE IN TAX YEARS / DATE MAILED / AND INITIALS

MERCTX _____ LIC _____ LST _____ EIT _____ DATE ____ / ____ / ____ INITIALS _____