

Incomplete forms will be rejected

The taxes levied by the Borough of Pitcairn tax code require anyone engaged in any business activity to register by providing the following information:(type/print legibly)

Name Doing Business as _____ Local # () _____

Owner of Business _____ Fax # () _____

Business Address in Borough of Pitcairn _____
(Use employee address if working from home)

Select type of business entity:

Individual ___ Partnership ___ LLC/Corp. ___ Other ___ provide description

Federal Tax Identification Number _____

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

Number of Employees at Borough of Pitcairn Location _____

Description of Business Activities attributable to Borough of Pitcairn location:

Mercantile License and Tax form mailing address:

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

Local Services Tax form address: (Complete only if different than other addresses)

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

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

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: ___ / ___ / ___

NOTE: ANY CHANGES TO THE INFORMATION GIVEN HEREIN MUST BE READILY REPORTED TO THE BUSINESS TAX OFFICE TO ENSURE PROPER FILING OF RETURNS.

Return to: Business Tax Office 2700 Monroeville Blvd. Monroeville, PA 15146-2388
Direct inquiries to: montax@monroeville.pa.us Fax 412-856-1054 or Telephone 412-856-3347

Earned Income Tax: Employer withholding is now mandatory for anyone working in PA. Payments must be made quarterly including self employed individuals. For earned income tax contact Keystone Collections Group 546 Wendel Rd, Irwin PA 15642 www.keystonecollects.com 724 978 0300

TAX OFFICE USE: Bus Industry # _____ BUS RTN _____ LIC _____ LST _____
DATE ___ / ___ / ___ INITIALS _____