

Complete this form and return it by fax to 814-333-3353 or email to wagetax@cityofmeadville.org

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 City of Meadville, 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: _____