

**EMPLOYER
QUESTIONNAIRE**

**CENTRAL TAX BUREAU OF
PENNSYLVANIA, INC.
Earned Income Tax Officer**

All Employers and Self
Employed Persons complete in full
sign and
RETURN WITHIN TEN DAYS.

The following information is necessary for our records and will be held in the strictest confidence.

ALL QUESTIONS MUST BE ANSWERED FULLY, USE REVERSE SIDE IF NECESSARY.

NAME AND ADDRESS

Federal Account No. or Social Security No.

1. TRADE NAME

BUSINESS ADDRESS (Street, City, Zone, State) (include Municipality)

FOR OFFICE USE ONLY

Street City Boro, or Township

WITHHOLDING ACCOUNT NO.

Post Office State Zip Code

2. MAILING ADDRESS (Street, City, Zone, State) (If other than above)

EARNED INCOME ACCOUNT NO.

3. NAME OF MUNICIPAL TAXING AUTHORITY IN WHICH PLANT OR
BUSINESS IS LOCATED.

NET PROFITS ACCOUNT NO.

4. NAME OF APPLICANT (If other than above) (Fiduciary, etc.)

5. ADDRESS (Street, City, Zone, State) (No. 4)

Remarks

6. BUSINESS PHONE

7. RESIDENCE PHONE NO.

8. BRANCH OFFICE ADDRESS

9. PARTNERS OR OFFICERS NAMES

ADDRESSES

10. FORMERLY IN BUSINESS AT (Address, Trade Name if any)

ORGANIZATION

11. TYPE OF ORGANIZATION (Check)

- INDIVIDUAL PROPRIETORSHIP PARTNERSHIP ASSOCIATION FIDUCIARY
 CORPORATION DATE INCORPORATED _____ STATE INCORPORATED _____

12. DESCRIBE NATURE OF BUSINESS

12A. DATE OPERATION BEGAN

13. IF BUSINESS WAS OBTAINED FROM PREVIOUS OWNER OR IF ORGANIZATION CHANGED WITHIN LAST 2 YEARS GIVE:

A. NAME OF PREVIOUS OWNER

B. DATE OF ACQUISITION OR CHANGE

C. PRESENT ADDRESS OF PREVIOUS OWNER

D. IS PREVIOUS ENTITY CONTINUED IN BUSINESS, SEPARATE FROM ABOVE YES NO

PAYROLL - ACCOUNTING

14. PRESENT NO. OF EMPLOYEES (Total)

15. MONTHLY PAYROLL
\$

16. PRESENT NO. OF EMPLOYEES
(AREA RESIDENTS ONLY)

16A. MONTHLY PAYROLL
FOR NO. 16
\$

17. ACCOUNTING BASIS CASH ACCRUAL OTHER

18. ACCOUNTING PERIOD CALENDAR
 FISCAL YEAR ENDING _____

19. NAME OF PERSON OR FIRM KEEPING BOOKS

I certify that all information and statements herein are true and correct.

(Date) _____ Signature _____ Title _____