

PLEASE COMPLETE AND RETURN TO:

Sharon Income Tax Bureau
155 W. Connelly Blvd.
Sharon, Pa. 16146
Phone (412) 983-3211

FOR OFFICE USE ONLY

Employer's account # _____
Date Issued _____
By _____

note: questionnaire must be completed if you have no employees

The following information is necessary for our records.

ALL QUESTIONS MUST BE ANSWERED FULLY.

1. Business name _____

2. Business address: Street _____

3. Mailing address where all forms are to be sent, if different than above:

street _____ City _____

State _____ Zip _____ Phone _____

4. Type of entity. **INDIVIDUAL - ASSOCIATION - CORPORATION - PARTNERSHIP**

5. Social Security number, full name, and home address of properties of officer:

6. Nature of business _____

7. Date wages first paid (operations started) _____

8. Do you have employees? _____ If so, how many _____
(Employer's Report of employees must be completed)

9. Accounting period: Calendar year Fiscal year

10. Where are all books and records kept and by whom? _____

11. Who should be contacted if our office has any questions? _____

12. Have you paid Individual OP-3 tax? _____ (proprietors)

13. Was this business acquired from a predecessor? _____

14. If so, Predecessor's business name _____

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

Date _____

Date sent _____

Signature _____