



Jordan Tax Service, Inc.

102 Rahway Road • McMurray, PA 15317-3349

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businessstaxes@jordantax.com

Tax & Record
Services

Municipal
Business
Individual

BUSINESS REGISTRATION

(Mercantile/Business Privilege Only)

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.

(To be submitted to Business Tax Office prior to start of business)

BUSINESS INFORMATION:

Business Name (d/b/a): _____ Federal EIN: _____

Legal/Corporate Name (if different from Business Name): _____

Local Business Address (no PO Box): _____

Township or Borough where business is located: _____

Business Start Date: _____ Business Activity: _____

Furnish the name and contact information of the person/department that will be responsible for completing the tax return:

Business Contact: _____

Telephone: _____ Email: _____

Mailing Address: _____

Type of Business/Entity: *(check all that apply)*

Retail/Wholesale Service Rental Other

Type of Business/Entity: *(check only one)*

Sole Proprietor/Single Member LLC Partnership Corporation Non-Profit

If Non-Profit and an Institution of Purely Public Charity, please attach a copy of the IRS Determination Letter.

The applicant certifies that the above information is complete and true and correct to the best of the applicant's knowledge and belief.

The applicant agrees to comply with the provisions of the Borough's/Township's Ordinances, Codes and Regulations, and all other applicable laws and regulations of Allegheny County, Commonwealth of Pennsylvania and the United States, whether or not specified in this application.

Applicant Name:(Please Print) _____ Date: _____

Please return completed form to:

If on paper:
Jordan Tax Service
102 Rahway Rd
McMurray, PA 15317-3349

If electronic copy:
businessstaxes@jordantax.com