

Montgomery Township Business Registration Questionnaire

Any person desiring to conduct or engage in business within the Township of Montgomery is required to complete and file this application with the Business Tax Office prior to the start of business activity. First time filers must include a \$25.00 license fee along with this application, whereas all previously registered businesses should use this form to update their information. The business license will be renewed with the filing of the current year tax return. Please print or type and answer all questions completely. All information furnished herein is strictly confidential as provided by Ordinance. If you require assistance or further information, please contact the Business Tax Office at 215-393-6910 or visit our web site at www.businessstax@montgomerytp.org.

BUSINESS INFORMATION

Business Name d/b/a _____ Federal EIN No. _____

Legal/Corp Name (if different from Business Name) _____

Telephone (_____) _____ Fax (_____) _____ E-mail Address: _____

Sole Proprietor or Partner Name: _____ Social Security No. _____

Local Business Address: _____ City _____ State _____ Zip + 4 _____

Mailing Address for Tax Forms: Street or P. O. Box _____ City _____

State _____ Zip + 4 _____ Contact Person for Tax Forms: _____

Indicate Type of Entity: () Sole Proprietorship () Partnership () Corporation () Other _____

Date Incorporated: _____ State Incorporated: _____

Type(s) of business conducted: Retail _____ % Service _____ % Rental _____ % Manufacturing _____ % Wholesale* _____ %
*For Mercantile Tax purposes, wholesale is defined as sales to dealers or vendors who resell the items purchased "as is"

Describe Business Activity : _____

Date business started in Montgomery Township: _____ Do you own or rent this location? _____

If you rent, furnish name and mailing address of owner(s) of the property: _____

List Principal Owners, Partners or Officers:

<u>Name</u>	<u>Title</u>	<u>SS#</u>	<u>Home Address</u>	<u>Home Telephone No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you or will you have amusement devices or vending machines located in your facility? Yes () No ()

If yes, name and address of concessionaires:

(Attach separate sheet, if necessary) _____

Do you lease or sublease to others? Yes () No ()

If yes, list names of tenants: _____

(Attach separate sheet, if necessary)

EMPLOYEE INFORMATION

Do you use the services of a payroll company to process payroll taxes? Yes () No ()

If yes, please provide the name and address of this company: _____

Do you use contracted personnel? Yes () No () If yes, approximately how many each year _____

Name, address and contact person of staff provider: _____

Number of employees (W-2 Recipients) _____ Number of 1099 Recipients _____ Monthly Payroll \$ _____

APPLICANTS CLAIMING MANUFACTURING EXEMPTION PLEASE READ THIS SECTION

MANUFACTURING ⇔ If claiming a manufacturing exemption, a written request, detailing the nature of the operation and the reason(s) for the claim, must be made to the Tax Administrator. Documentation to support this claim must be provided. This will include providing copies of Federal and State tax filings. In addition to copies of any rulings obtained from Federal and State Taxing Authorities. An inspection of the operation may be required prior to a decision being rendered. All gross receipts will be considered taxable until said decision regarding any exemptions are issued.

TAX PREPARERS INFORMATION

Name of person or firm keeping books: _____

Mailing address: _____ City _____ State _____ Zip+4 _____

Telephone (____) _____

Accounting Basis: Cash _____ Accrual _____ Other _____

Accounting Period: Calendar _____ Fiscal Year, Ending _____

CERTIFICATION

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

Print Name _____ Title: _____

Signature _____ Date: _____

If you are a new business, return this application along with your remittance of the license fee of \$25.00 to:

Montgomery Township
Business Tax Office
P. O. Box 511
Montgomeryville, PA 18936-0511

Previously registered businesses should return this form with the filing of the current year tax return.

If the business has been terminated, provide date of termination _____ Please provide purchaser's name and address (if applicable) _____