

Incomplete forms will be rejected

The taxes levied by Municipal Code require anyone engaged in any business activity to register with the Municipality by providing the following information:(type/print legibly)

Name Doing Business as \_\_\_\_\_ Local # ( ) \_\_\_\_\_

Owner of Business \_\_\_\_\_ Fax # ( ) \_\_\_\_\_

Business Address in Monroeville \_\_\_\_\_  
(Use employee address if working from home)

Select type of business entity:

Individual \_\_\_ Partnership \_\_\_ LLC/Corp. \_\_\_ Other \_\_\_ provide description

Federal Tax Identification Number \_\_\_\_\_ Parcel ID \_\_\_\_\_

DATE BUSINESS OPENED IN MONROEVILLE (MONTH/DAY/YEAR) \_\_\_\_\_

Number of Employees at Monroeville Location \_\_\_\_\_

Description of Business Activities attributable to Monroeville location:  
\_\_\_\_\_

Mercantile or Business Privilege License and Tax form mailing address:

\_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax # \_\_\_\_\_

Local Services Tax form address: (Complete only if different than other addresses)

\_\_\_\_\_  
\_\_\_\_\_  
Attention: \_\_\_\_\_ Title: \_\_\_\_\_ Phone # \_\_\_\_\_  
Email address: \_\_\_\_\_ Fax # \_\_\_\_\_

Name, Social Security Number, & Residence Address of Individual Owners, Partners, Corporate Officers: (attach list if necessary)

Name \_\_\_\_\_ SS # \_\_\_\_\_ - - \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

Certification: I hereby certify that the information contained herein is true, correct and complete to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTE: ANY CHANGES TO THE INFORMATION GIVEN HEREIN MUST BE READILY REPORTED TO THE BUSINESS TAX OFFICE TO ENSURE PROPER FILING OF RETURNS.

Return to: Business Tax Office 2700 Monroeville Blvd. Monroeville, PA 15146-2388  
Direct inquiries to: [montax@monroeville.pa.us](mailto:montax@monroeville.pa.us) Fax 412-856-1054 or Telephone 412-317-5080

**Earned Income Tax:** Employer withholding is mandatory for anyone working in PA. Payments must be made quarterly including self employed individuals. Contact Keystone Collections Group 546 Wendel Rd, Irwin PA 15642 [www.keystonecollects.com](http://www.keystonecollects.com) 724 978 0300.

TAX OFFICE USE: Bus Industry # \_\_\_\_\_ BUS RTN \_\_\_\_\_ LIC \_\_\_\_\_ LST \_\_\_\_\_  
DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ INITIALS \_\_\_\_\_