

YORK ADAMS TAX BUREAU

1415 N Duke St

PO Box 15627

York, PA 17405-0156

(717) 812-0759 Fax (717) 854-6376

www.yatb.com email: employer@yatb.com

BUSINESS ENTITY QUESTIONNAIRE

COMPLETE AND RETURN WITHIN 15 DAYS

To comply with the Act of December 31, 1965 P.L. 1257 No. 511 and known as the "Local Tax Enabling Act", including amendments and the provisions mandated by Act 166 of December 9, 2002 and the Tax Ordinances and Resolutions adopted by this Bureau's member taxing authorities, the following information is to be provided and ALL QUESTIONS ARE TO BE FULLY AND ACCURATELY ANSWERED by each employer or business entity operating within the taxing authorities which have appointed this bureau to collect taxes on their behalf.

All information received will be confidential.

This questionnaire must be signed by the proprietor, partner or corporate officer. Incomplete or unsigned forms will be returned. If subsequent reports, tax forms or checks will be signed by a person other than the proprietor, a partner or corporate officer named herein, attach power of attorney.

All businesses entities or organizations should notify the York Adams Tax Bureau promptly of any change in status so that all records may be adjusted accordingly. Please advise us within thirty days, should the business be liquidated or sold. If sold give the name and address of new owners.

Pages one and two of this employer questionnaire are to be completed by each business entity. The enclosed employer questionnaire is applicable to a business entity that operates within any of the member taxing authorities who are members of this Bureau and have appointed this Bureau as their collector of Local Compensation and Net Profit; or the Local Services Tax (formerly EMST); or the Mercantile and Business Privilege Tax.

SPECIAL NOTICE

Each business entity located or operating within the geographic boundary of the City of York, of York County, must also complete page three of this employer questionnaire.

YORK ADAMS TAX BUREAU
BUSINESS ENTITY QUESTIONNAIRE

1. Business Name _____
Trade Name _____
Mailing Address (Number And Street) _____

2. Business officer, business owner, or employee within the above named business that is primarily or solely responsible for filing quarterly tax return forms, annual reconciliation forms, the employer W-2 forms (withholding statements) and for payment (remittance) of the withheld local income tax, and /or \$10.00 Occupation Tax, or the Mercantile/Business Privilege Tax to this bureau on behalf of the above named business entity.

Name _____ Title _____

Business Phone _____ Ext _____ Fax # _____

Home Address (Number And Street) _____

City _____ State _____ Zip Code _____

Home Phone (_____) _____

3. Month and year your business started operation _____

4. Quarter and year local income tax withholding started _____

5. Federal employer identification number _____ - _____

6. Type Of Entity: Association____ Proprietorship____ Partnership____ Professional Corporation____

Limited Liability Partnership____ Limited Liability Company____ S Corporation____

Foundation ____ Other (Specify)_____

Pennsylvania Corporation _____ Date Of Incorporation _____

Foreign Corporation _____ State Of Incorporation _____

Date Of Pennsylvania Certificate Of Authority _____

7. Address where business is physically located: (PO Box address is not acceptable) Attach separate listing if more than one location.

Number And Street _____

City _____ State _____ Zip Code _____

If located in our area of tax collection authority, provide the name of the borough, city or township and school district in which the business or businesses are located:

Borough, City Or Township _____ School District _____

8. Principal type of business in which you are engaged. (Please provide a description with as much detail as possible.)

BUSINESS ENTITY QUESTIONNAIRE (cont.)

9. Name of the firm which will prepare your quarterly and annual tax returns, if an outside source is utilized.

Name _____

Address _____

Phone _____

10. Was this business acquired from a predecessor? Yes _____ No _____

If yes, predecessor's name _____

Account number utilized for reporting to this bureau _____

Date which you acquired your predecessor's business _____

11. Number Of Employees _____

12. To be answered by corporate employers: Provide the full name, social security number and home address of the officer(s) having primary responsibility, or overseeing the discharge of registering with the York Adams Tax Bureau; deducting or withholding local income tax from employees' compensation as defined in the act; paying withheld tax to the bureau; filing returns, reconciliations or withholding statements as required by ordinance, resolution or statute.

Name _____ S.S. Acct. No. _____

Address _____

13. To be answered by private corporate employers: Social security number, name, address and number of shares held by shareholders.

Social Security #	Name And Address	Number Of Shares
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(Attach a separate sheet if additional space is required)

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

Date _____

Authorized Officer's name (printed) _____

Authorized Officer's Signature _____

Your business E-Mail address (optional) _____

CITY OF YORK, PA
Honorable, John Brenner, Mayor

PROPOSAL FOR STARTING A NEW BUSINESS

Please mail or return this proposal and the York Adams Tax Bureau Questionnaire to: The York Adams Tax Bureau - Tax Collection Services. After your business is approved, and prior to operating, you will need to complete a Certificate of use & Occupancy application, pay the application fee & schedule an inspection at the Bureau of Permits & Health Licensing (see below for address). **Business that are classified as a Home Office will NOT be required to have a CO inspection; however, they must comply with Section 1304.10 Home Office of the City of York's Zoning Ordinance prior to operating.**

Exact Address of Proposed Business: _____

Is there any other business located at the same address? [] yes [] no
If Yes please list:

Is this location your home? [] yes [] no

Proposed Use: _____

Business Name: _____

Hours of Operation: _____

Days Open: _____

Number of **OFF-STREET** parking spaces available: _____

Number of Employees: _____

Description of Proposed Business (give as much detail as possible)

If known, please supply the following information:

Previous Use of Property: _____

Previous Business Name: _____

Your Name and Phone Number: _____

Complete Mailing Address: _____

Thank You.

Please allow approximately 2 weeks for a verbal and/or written reply.

BUREAU OF PERMITS & HEALTH LICENSING
1 West Market Street * 3rd Floor * York, PA 17401-1231 * (717) 849-2256