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PSD

Please complete this form and return to our office at:
Berkheimer Tax Innovations
PO Box 21570
Lehigh Valley, PA 18002

Name
Address
City
State
&
Zip

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3182. Or, you can visit our website at www.hab-inc.com.

Berkheimer is not the appointed tax hearing officer for your taxing district and will not accept any petitions for appeal. Petitions for appeal must be filed with the appropriate appeals board for your County. Berkheimer can provide you with the proper procedures and forms necessary to file an appeal with the appeals board for your Tax Collection District.

To comply with Act 511 of The Pennsylvania State Legislature (and the law in your local taxing district), you are required to provide the following information. All information will be held in strict confidence.

EMPLOYER INFORMATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)

[Grid for Employer Business Name]

EMPLOYER BUSINESS LOCATION (Street address within PA - NO PO Box, RD or RR)

[Grid for Employer Business Location]

SECOND LINE OF ADDRESS

[Grid for Second Line of Address]

CITY OR POST OFFICE

[Grid for City or Post Office]

STATE

[Grid for State]

ZIP

[Grid for ZIP]

EMPLOYER MAILING ADDRESS (Address where all forms are to be sent)

[Grid for Employer Mailing Address]

SECOND LINE OF ADDRESS

[Grid for Second Line of Address]

CITY OR POST OFFICE

[Grid for City or Post Office]

STATE

[Grid for State]

ZIP

[Grid for ZIP]

CORRECT TAXING JURISDICTION (Name of Township or Borough where business is located)

[Grid for Correct Taxing Jurisdiction]

BUSINESS PHONE NUMBER

[Grid for Business Phone Number]

E-MAIL ADDRESS

[Grid for E-mail Address]

FEDERAL EMPLOYER ID NUMBER

[Grid for Federal Employer ID Number]

DATE BUSINESS STARTED (Month and Year)

[Grid for Date Business Started]

NUMBER OF EMPLOYEES (Include Full and Part Time)

[Grid for Number of Employees]

PRIMARY NATURE / OPERATION OF BUSINESS

[Grid for Primary Nature / Operation of Business]

OWNER NAME 1 (First Name, Last Name)

[Grid for Owner Name 1]

OWNER NAME 2 (First Name, Last Name)

[Grid for Owner Name 2]

PAYROLL CONTACT NAME (First Name, Last Name)

[Grid for Payroll Contact Name]

I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.

SIGNATURE

[Signature Line]

DATE (MM/DD/YYYY)

[Date Line]