

# PALMER TOWNSHIP EARNED INCOME TAX OFFICE

3 WELLER PLACE, P.O. BOX 3039, PALMER PA 18043-3039

PHONE: 610-253-7191

FAX: 610-253-9957

HOURS: MON-FRI 8:30-4:30

## BUSINESS QUESTIONNAIRE

Please complete this form and return to the above address, or fax it within ten (10) days. This will allow us to maintain accurate records to better serve you in the future. Thank you in advance for your cooperation.

**PLEASE PRINT**

Employer Identification No. \_\_\_\_\_ Effective Date of Business \_\_\_\_\_

Contact Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Name(s) of owner(s): \_\_\_\_\_

\_\_\_\_\_

Trade name (if different from above): \_\_\_\_\_

Home address(s): \_\_\_\_\_

\_\_\_\_\_

Physical address of business: \_\_\_\_\_

\_\_\_\_\_

Payroll service (if applicable): \_\_\_\_\_

Mailing address where all forms are to be sent: \_\_\_\_\_

\_\_\_\_\_

Check whether employer operates as: Proprietorship\_\_\_ Partnership\_\_\_ Corporation\_\_\_

Other\_\_\_ (explain)\_\_\_\_\_

Total number of employees: \_\_\_\_\_

Type of business: Retail\_\_\_ Wholesale\_\_\_ Manufacturing\_\_\_ Service\_\_\_ Other\_\_\_

Name and address of previous owner(s): \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is true and complete.

Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_