

# Capital Tax Collection Bureau

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## LOCAL SERVICES TAX EMPLOYER WORKSITE REGISTRATION FORM

Employer Business Name		Federal EIN		
Mailing Address		City	State	Zip Code
Phone Number	Fax Number	E-Mail Address		

### REQUIRED INFORMATION

Physical (Street) Address of Business Worksite		Municipality (City, Borough, Township)	
City		County	
State	Zip Code	PSD Code	
Date Operation Began <b>At This Worksite</b>		Number of Employees <b>At This Worksite</b> (approximate)	

Type of Organization (Check One)
<input type="checkbox"/> Individual Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Other
Primary Nature/Operation of Business

Who may with contact with general questions about the business?		
Contact Name (for business)	Phone Number	E-Mail Address
Who may with contact with <i>specific</i> questions about the business <i>payroll</i> ?		
Contact Name ( <i>for payroll</i> )	Phone Number	E-Mail Address

If you have any questions about this form, or about the Local Services Tax in general please feel free to contact our Perry County Office at (717) 957-7281

or

560 South State Rd  
Marysville PA 17053