

**BERKS EARNED INCOME TAX BUREAU**  
1125 Berkshire Blvd, Suite 115, Wyomissing, PA 19610  
Phone: 610-372-8439 Toll Free: 1-855-372-8439  
Fax: 610-372-1102 Email: [beitb@berkseit.com](mailto:beitb@berkseit.com)

## **Business Registration Questionnaire**

(PLEASE PRINT CLEARLY)

ACCOUNT NUMBER \_\_\_\_\_ (WILL BE ASSIGNED BY BUREAU)

BUSINESS NAME \_\_\_\_\_

DBA/TA (if applicable) \_\_\_\_\_

LOCAL BUSINESS, WORK SITE **OR** \_\_\_\_\_  
HOME BASED EMPLOYEE ADDRESS \_\_\_\_\_  
(Please circle one) \_\_\_\_\_ Work Location PSD \_\_\_\_\_

MAILING ADDRESS FOR FORMS \_\_\_\_\_  
(No 3<sup>rd</sup> party services)  
\_\_\_\_\_

DO YOU OWN \_\_\_\_\_ OR RENT \_\_\_\_\_ THIS LOCATION? IF RENTED, FROM WHOM: \_\_\_\_\_  
OR, IS THIS A WORKSITE? \_\_\_\_\_ (NAME & ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

DATE BUSINESS/EMPLOYEE STARTED \_\_\_\_\_ NUMBER OF **W2** EMPLOYEES \_\_\_\_\_  
(This location) (This location)

LOCAL BUSINESS PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ FAX NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PAYROLL CONTACT \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ WEBSITE: \_\_\_\_\_

BUSINESS ENTITY: PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION \_\_\_\_\_  
(select one) OTHER (explain) \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

FEDERAL EIN or SSN \_\_\_\_\_

OWNER - PARTNERS - OFFICERS NAME & HOME ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

I declare under the penalties provided by law that this questionnaire has been examined by me and is to the best of my knowledge, complete and accurate.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ DATE \_\_\_\_\_

**When complete, please fax, email or mail this form using the contact information at the top of the page.  
Once we have processed the registration, we will contact you with the appropriate correspondence.**

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**HOME OCCUPATION REGISTRATION FORM**

***Please complete the following information only if you are operating a business from your home. (This information is required to complete your application and will enable us to better understand what type of home occupation you have. A completed form is required to renew your license each year.)***

Business Name: \_\_\_\_\_

Owner's Name and Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Describe the nature and function of the business:  
\_\_\_\_\_  
\_\_\_\_\_

Who practices the home occupation: \_\_\_\_\_

Please estimate the weekly number of business-related visitors to your home due to the home occupation. Please include all employees, vendors and clients. \_\_\_\_\_

In what area of the residence is the physical space for the home occupation located:  
\_\_\_\_\_

What is the total square footage of the home, excluding attic, basement, and garage or other storage area, in which the occupation is operated from: \_\_\_\_\_ of the home office itself: \_\_\_\_\_

What types of products/services do you provide with your home occupation? \_\_\_\_\_  
\_\_\_\_\_

Are goods sold from the home? If yes, what type? \_\_\_\_\_

Are goods or supplies stored on the property? If yes, where? \_\_\_\_\_

How many employees do you have working at your home, other than family members? \_\_\_\_\_

What type of identification (signs, etc.) do you have outside your home for the business?  
\_\_\_\_\_

Do you advertise in any publication? If yes, which ones? \_\_\_\_\_

Is there a commercially identified vehicle (car/truck with a sign identifying a business) parked at the home? \_\_\_\_\_

How many parking spaces are required for all employees, vendors, or business-related visitors, by your Home Occupation? \_\_\_\_\_