

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

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 3rd party services) _____

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

DATE BUSINESS/EMPLOYEE STARTED _____
(This location)

NUMBER OF **W2** EMPLOYEES _____
(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.