

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.**

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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? _____