

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

Rental Property Registration Questionnaire
(PLEASE PRINT CLEARLY)

Account Number _____ (WILL BE ASSIGNED BY BUREAU)

PROPERTY OWNER'S NAME _____

PROPERTY OWNER'S MAILING ADDRESS _____

MAILING ADDRESS FOR FORMS _____

CONTACT PHONE NUMBER (____) _____ - _____

CONTACT EMAIL ADDRESS _____

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

FEDERAL EIN or SSN _____

MUNICIPALITY OF RENTAL PROPERTIES _____
(Separate registrations must be sent for separate municipalities)

ADDRESS(ES) OF RENTAL PROPERTIES WITHIN THIS MUNICIPALITY	DATE RENTS STARTED

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 and license fee information.

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TENANT LISTING

Property Owner's Name _____

Phone Number _____

Property Location address _____

Total Number of Units _____

This application will not be processed without the required information below.

Tenant Name	Suite, Floor or Apt #	Date Moved In	Phone Number	Business or Residence

**Please be sure to complete all of the information requested above.
List all persons (including children) living within residential properties.**