

**BERKS EARNED INCOME TAX BUREAU**  
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**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 \_\_\_\_\_  
(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.*