

CITY OF SCRANTON AND SCRANTON SCHOOL DISTRICT  
NEW BUSINESS QUESTIONNAIRE

PHONE #: (570) 963-6756

SINGLE TAX OFFICE

ACCT. NO. \_\_\_\_\_

100 THE MALL AT STEAMTOWN UNIT 216

FAX #: (570) 963-6425

SCRANTON, PA 18503

[www.scrantontaxoffice.org](http://www.scrantontaxoffice.org)

THE FOLLOWING CONFIDENTIAL INFORMATION IS REQUIRED AND PROTECTED BY LAW  
ALL QUESTIONS MUST BE ANSWERED FULLY AND FORM RETURNED WITHIN (14) FOURTEEN DAYS.

APPLYING FOR: BUS PRIV / MERC TAX \_\_\_\_\_  
CHECK APPLICABLE

EMPLOYER W/H \_\_\_\_\_  
DATE ORGANIZED: \_\_\_\_\_

DO YOU HAVE OR EXPECT TO HAVE EMPLOYEES? Y N

HOW MANY?: \_\_\_\_\_

1. COMPANY NAME: \_\_\_\_\_

NAME DBA: \_\_\_\_\_ EIN #: \_\_\_\_\_

MAILING ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ CONTACT PHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_

E-MAIL ADDRESS : \_\_\_\_\_

PHYSICAL ADDRESS: STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

LOCAL PHONE #: \_\_\_\_\_ LOCAL FAX #: \_\_\_\_\_

2. TYPE OF ORGANIZATION: (PLEASE CHECK TYPE AND SUPPLY REQUESTED INFORMATION)

INDIVIDUAL: \_\_\_\_\_ RESIDENT: \_\_\_\_\_ NON-RESIDENT: \_\_\_\_\_

ASSOCIATION: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_

CORPORATION: \_\_\_\_\_

LIST NAME AND ADDRESS OF EACH OFFICER/PARTNER: ( ATTACH LISTING IF NECESSARY)

\_\_\_\_\_  
\_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ DATE SCRANTON OPER. BEGAN: \_\_\_\_\_

WHERE ARE BOOKS KEPT AND BY WHOM: \_\_\_\_\_

ACCOUNTING PERIOD: \_\_\_\_\_ CALENDAR YEAR: \_\_\_\_\_ FISCAL YEAR: \_\_\_\_\_

3. WAS BUSINESS OBTAINED FROM PREVIOUS OWNER?: Y N DATE ACQUIRED: \_\_\_\_\_

PREVIOUS OWNER NAME: \_\_\_\_\_

EMPLOYER W/H ACCT. #: \_\_\_\_\_ B.P. /MERC. ACCT. # \_\_\_\_\_

*I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.*

NAME PRINTED: \_\_\_\_\_ TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_