

Business Privilege Tax
Earned Income Tax
Mercantile Tax
Local Services Tax
Real Estate Tax



William Fox
Collector of Taxes

Telephone: (570) 963-6756
Facsimile: (570) 963-6425
100 The Mall at Steamtown
Unit 216
Scranton, Pa. 18503

**CITY OF SCRANTON AND SCRANTON SCHOOL DISTRICT
BUSINESS PRIVILEGE AND/OR MERCANTILE TAX REGISTRATION
LOCAL SERVICES TAX REGISTRATION**

Company name and trade name (under which business is conducted):

Complete address of actual business location in the City of Scranton (no post office boxes):

Mailing address (if different from above):

Address of corporate office (address used on Federal Income Tax return):

Employer Identification Number (EIN):

Contact name and phone number (local office):

E-mail address for local contact:

Contact name and phone number (corporate office):

Business Type: () Sole Proprietorship () Partnership () C Corp () S Corp () LLC () Non-profit

Date business started in the City of Scranton:

Describe business activities:

Names, addresses, and social security numbers of individuals, partners, or officers: (attach additional sheet if necessary)

How many individuals do you expect to employ?

Do you rent the office or retail space you occupy? () Yes () No If yes, give name and address of landlord or agent:

Are there any concessionaires or leased departments in your place of business? () Yes () No

If yes, list names:

Was this business or location obtained from a previous owner? () Yes () No

If yes, list previous business name and owner.

Under penalty of perjury, I declare that I have examined this information and to the best of my belief, it is true, correct and complete.

Print name (owner or authorized person):

Date:

Signature (owner or authorized person):

Title:

Office Use Only

BP/Merc Acct#

LST Acct #