

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



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Collector of Taxes

**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 # _____