

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



Collector of Taxes

Telephone: (570) 963-6756
Facsimile: (570) 963-6425
315 Franklin Avenue
Scranton, PA 18503

**CITY OF SCRANTON AND SCRANTON SCHOOL DISTRICT
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? _____

Was this business 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: _____

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| Office Use Only |
| LST Acct # _____ |