

John P. Lohman, Tax Collector  
PO Box 16  
Luzerne, PA 18709  
(570)288-9640  
luzborotax@aol.com

## LOCAL SERVICE TAX REGISTRATION FORM

(To be answered within 10 days)

A review of businesses in your area indicates that you may employ one or more persons. To comply with Act 511 of The Pennsylvania State Legislature (and the law in your local taxing district), you are required to answer the following questions. All information will be held in strict confidence.

TRADE NAME: \_\_\_\_\_

FEDERAL EMPLOYER ID NUMBER: \_\_\_\_\_

NAME(S) OF THE OWNER(S): \_\_\_\_\_

PAYROLL CONTACT: \_\_\_\_\_

BUSINESS TELEPHONE NUMBER: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

CORRECT **TAXING** JURISDICTION: (Name of Township or Borough where business is located): \_\_\_\_\_

**MAILING** ADDRESS WHERE ALL FORMS ARE TO BE SENT: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ (Include both full and part-time)

TYPE OF BUSINESS: \_\_\_\_\_

DATE BUSINESS STARTED: \_\_\_\_\_ Month and Year)

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

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

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