

PARKLAND SCHOOL DISTRICT BUSINESS REGISTRATION

PO BOX 200 OREFIELD, PA 18069-0200

PHONE: (610) 351-5577

FAX: (610) 351-5598

E-mail – parklandtax@parklandsd.org

Please print or type.

BUSINESS NAME _____

FEIN _____

BUSINESS MAILING ADDRESS _____

COMPANY CONTACT NAME _____

COMPANY CONTACT TELEPHONE NUMBER _____ **FAX NUMBER** _____

A. FOR BUSINESSES WITH FACILITIES (INCLUDING CLIENT SITES) LOCATED WITHIN PARKLAND SCHOOL DISTRICT BOUNDARIES, COMPLETE THE FOLLOWING:(EMPLOYEES WORKING FROM HOME, COMPLETE PART B)

Local Business Address _____

Business telephone number of local facility _____

Business Status: A. Sole Proprietorship: _____ Partnership: _____ LLC: _____
B. Incorporated: _____

If A is checked, list name and Social Security of owner or each partner:

_____ SS# _____

_____ SS# _____

Number of current employees: _____ **Date of first payroll** _____

Date facility was established in the above township: _____

Township in which your facility is located: (Circle One) North Whitehall South Whitehall Upper Macungie

B. FOR BUSINESSES WITHOUT FACILITIES LOCATED WITHIN PARKLAND SCHOOL DISTRICT BOUNDARIES, COMPLETE THE FOLLOWING: (HOME BASED EMPLOYEES ONLY)

Employee Name _____ **Social Security # (last 4 digits)** _____

Employee Address _____

Date of first payroll withholding _____

Please check one: Employee works: _____ **from home** _____ **in another state** _____ **in non taxing jurisdiction**

Comments: _____

Signature

Title

Date