

# BERKS EARNED INCOME TAX BUREAU

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## REGISTRATION QUESTIONNAIRE

Account # \_\_\_\_\_ (FOR BUREAU USE ONLY)

BUSINESS NAME \_\_\_\_\_

DBA/TA (if applicable) \_\_\_\_\_

LOCAL BUSINESS ADDRESS \_\_\_\_\_

MAILING ADDRESS FOR FORMS \_\_\_\_\_  
\_\_\_\_\_

DO YOU OWN \_\_\_\_ RENT \_\_\_\_ THIS LOCATION? IF RENT, FROM WHOM \_\_\_\_\_  
(NAME & ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

DATE BUSINESS STARTED \_\_\_\_\_ NUMBER OF W2 EMPLOYEES \_\_\_\_\_  
(This location) (This location)

LOCAL BUSINESS PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

PAYROLL CONTACT \_\_\_\_\_ PHONE NUMBER (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CONTACT PERSON'S EMAIL ADDRESS \_\_\_\_\_

BUSINESS ENTITY: PROPRIETORSHIP \_\_\_\_ PARTNERSHIP \_\_\_\_ CORPORATION \_\_\_\_  
(select one) OTHER (explain) \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

FED EIN # \_\_\_\_\_

OWNER - PARTNERS - OFFICERS NAME & HOME ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare under the penalties provided by law that this questionnaire has been examined by me and is to the best of my knowledge, complete and accurate.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_

DATE \_\_\_\_\_