

BERKS EARNED INCOME TAX BUREAU

1125 Berkshire Blvd, Suite 115, Wyomissing, PA 19610

Phone: 610-372-8439 Toll Free: 1-855-372-8439 Fax: 610-372-1102 Email: beitb@berkseit.com

Account Registration Questionnaire

(PLEASE PRINT CLEARLY)

FEDERAL EIN or SSN _____

BUSINESS NAME _____

DBA/TA (if applicable) _____

LOCAL BUSINESS, WORK SITE OR _____

HOME BASED EMPLOYEE ADDRESS

(Please circle one)

Work Location PSD _____

Or Out of State – YES or NO

MAILING ADDRESS FOR FORMS _____

(No 3rd party services)

DO YOU OWN ____ OR RENT ____ THIS LOCATION? IF RENTED, FROM WHOM: _____

OR, IS THIS A WORKSITE? _____

(NAME & ADDRESS) _____

DATE BUSINESS/EMPLOYEE STARTED _____

(This location)

NUMBER OF **W2** EMPLOYEES _____

(This location)

IS THE PARTNER/BUSINESS OWNER ON THE PAYROLL? – YES or NO (Please circle one)

LOCAL BUSINESS PHONE NUMBER (_____) _____ - _____ FAX NUMBER (_____) _____ - _____

PAYROLL CONTACT _____ PHONE NUMBER (_____) _____ - _____

PAYROLL CONTACT EMAIL ADDRESS _____

PRIMARY CONTACT EMAIL ADDRESS _____

BUSINESS ENTITY: PROPRIETORSHIP ____ PARTNERSHIP ____ CORPORATION ____ OTHER ____ (select one)

DESCRIPTION OF BUSINESS _____

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 _____

PRINTED NAME _____ DATE _____

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Home Occupation Registration Form

Please complete the following information only if you are operating a business from your home. (This information is required to complete your application and will enable us to better understand what type of home occupation you have. A completed form is required to renew your license each year.)

Business Name: _____

Owner's Name and Address: _____

Telephone: _____ Date Business Started: _____

Describe the nature and function of the business: _____

Who practices the home occupation: _____

Please estimate the weekly number of business-related visitors to your home due to the home occupation. Please include all employees, vendors, and clients. _____

In what area of the residence is the physical space for the home occupation located:

What is the total square footage of the home, excluding attic, basement, and garage or other storage area, in which the occupation is operated from: _____ of the home office itself: _____

What types of products/services do you provide with your home occupation? _____

Are goods sold from the home? If yes, what type? _____

Are goods or supplies stored on the property? If yes, where? _____

How many employees do you have working at your home, other than family members? _____

What type of identification (signs, etc.) do you have outside your home for the business?

Do you advertise in any publication? If yes, which ones? _____

Is there a commercially identified vehicle (car/truck with a sign identifying a business) parked at the home?

How many parking spaces are required for all employees, vendors, or business-related visitors, by your Home Occupation? _____