TOWNSHIP OF UPPER ST. CLAIR AND UPPER ST. CLAIR SCHOOL DISTRICT
BUSINESS / SELF-EMPLOYMENT REGISTRATION FORM

This form must be completed in full, signed and returned within fifteen (15) days to the Township of Upper Saint Clair Business Tax Collector; **Township of Upper St. Clair Tax Office. 1820 McLaughlin Run Road** (412) 831-9000. All questions must be answered completely. All information will be kept confidential.

CHECK ONE: **( ) INDIVIDUAL** **( ) PARTNERSHIP** **( ) CORPORATION** **( ) OTHER**

EMPLOYER NAME: _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER: _____

TRADE NAME (IF ANY): _____

LOCAL UPPER SAINT CLAIR ADDRESS: _____ TAX BILLING ADDRESS: _____

_____ _____

_____ _____

LOCAL PHONE NO. (___) _____ OTHER PHONE NO. (___) _____

CONTACT PERSON: _____ CONTACT PERSON: _____

NATURE OF BUSINESS: _____

_____

DATE BUSINESS COMMENCED: _____ DATE FIRST WAGES PAID: _____

CHECK APPROPRIATE TAXES APPLICABLE TO YOUR BUSINESS:

N/A **Earned Income Tax Withholding @ 1.3% (.013)** = for remitting tax withheld on resident or non-resident employees not subject to a similar tax at place of residence.

( ) Payroll Service will be submitting quarterly payments. Name of Service _____

( ) **Local Services Tax (LST) @ $52.00 per employee** (Formerly known as Emergency Municipal Services Tax or EMS) = for remitting tax withheld on **all employees** engaged in occupation within the Township of Upper Saint Clair, or self-employed individuals.

( ) Payroll Service will be submitting quarterly payments. Name of Service _____

( ) **Mercantile Tax @ .15% (.0015)** = for remitting tax on gross receipts of retail vendors, restaurants or other places where food, drink or refreshments are sold. **(Wholesale Vendor/Broker-Mercantile tax rate is .0010.)**

Does this business contract with an outside organization for any retail, wholesale sales operation or services conducted within the Township of Upper Saint Clair? (for example, mercantile and/or business privilege taxes on their own)

_____ **YES** _____ **NO**

SIGNATURE _____ **TITLE** _____ **DATE** _____