

**TOWNSHIP OF UPPER ST. CLAIR TAX OFFICE
BUSINESS/EMPLOYER REGISTRATION FORM**

Employers and businesses must complete in full, sign and return within fifteen days of the start of business within the Township to TOWNSHIP OF UPPER ST. CLAIR, TAX OFFICE, 1820 McLAUGHLIN RUN ROAD, UPPER ST. CLAIR, PA 15241-2398 (Phone 412-831-9000). All questions must be answered completely. The following information will be held in strict confidence.

Employer Name	Federal Identification Number
Trade Name or Familiar Name	
Upper St. Clair/ Pittsburgh Area Address	
Local Contact	Local Phone Number ()
Alternate Mailing Address	
Alternate Contact	Alternate Phone Number ()
Nature of Business	Date Operations Began
Type of Organization: Corporation <input type="checkbox"/> Individual (Self Employed) <input type="checkbox"/> Partnership <input type="checkbox"/>	Number of Local Employees
No <input type="checkbox"/> Yes <input type="checkbox"/>	Does the business contract with an outside organization for any retail or wholesale sales operations conducted within the Township? (for example, a department store's fine jewelry department is leased to an outside vendor who is responsible for paying any sales and mercantile taxes on their own). If yes, list name, business name, address and contact person on a separate sheet.
No <input type="checkbox"/> Yes <input type="checkbox"/>	Do you withhold quarterly earned income taxes for Upper St. Clair residents? If yes, submit a list of employees, complete with name, address and social security number. If your business is located in Upper St. Clair, you are required to withhold local tax for Township residents.
Own <input type="checkbox"/> Rent <input type="checkbox"/>	Do you own or rent your office space? If you own the property, please indicate the names and addresses of your tenants on a separate sheet.
I certify that all information and statements herein are true, correct and complete.	
Signature & Title	Date

FOR TOWNSHIP USE ONLY					
EIT <input type="checkbox"/>	OPT <input type="checkbox"/>	RE <input type="checkbox"/>	Sewage <input type="checkbox"/>	Mercantile <input type="checkbox"/>	CD <input type="checkbox"/> Other <input type="checkbox"/>