

MUNICIPAL AND/OR SCHOOL TAX QUESTIONNAIRE

TAX OFFICE USE ONLY

Account Code No: _____

This form is to be completed within 10 days and returned to:

Berkheimer Tax Administrators
ATTN: Cindy Nelson
1787 Rt 403 North
Northern Cambria, PA 15714-9034

Please type or print

Name of business: _____

Business address: _____

Correct taxing jurisdiction: Center Township
Name of Township or Borough where business is located.

Mailing address: _____

Telephone number: _____

Name of owner(s): _____

Date business operations began: _____

Name of former owner (if accessible): _____

Type of business: _____

If your business is currently filing the MERCANTILE/BUSINESS PRIVILEGE Tax with us, indicate your license number and/or account number.

Return this questionnaire to our office within ten (10) days to the above address.

Sincerely,

BERKHEIMER ASSOCIATES

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