

**BERKS E.I.T. BUREAU
920 VAN REED RD., WYOMISSING, PA 19610
610 372-8439 FAX 372-1102**

REGISTRATION QUESTIONNAIRE

Account # _____ (FOR BUREAU USE ONLY)

BUSINESS NAME _____

BUSINESS
LOCATION _____

MAILING ADDRESS
FOR FORMS _____

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

MUNICIPALITY _____ FED EIN # _____

DATE BUSINESS STARTED _____ NUMBER OF W2 EMPLOYEES _____
(this location) (this location)

BUSINESS PHONE NUMBER (_____) _____ - _____

BUSINESS ENTITY (select one) PROPRIETORSHIP _____ PARTNERSHIP _____
CORPORATION _____ OTHER(explain) _____

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 _____

DATE _____