

BUSINESS CENSUS FORM

COMPLETE INFORMATION IN THIS BLOCK FOR THE
BUILDING OWNER(S) WHO MUST SIGN THIS FORM

NAME: _____

ADDRESS: _____

TELEPHONE NO. _____

SIGNATURE _____

SIGNATURE _____

TOWNSHIP OF INDIANA
3710 Saxonburg Boulevard
Pittsburgh, PA 15238

412-767-5333 Fax: 412-767-4705 Email: zoning@indianatownship.com

NAME OF BUSINESS _____

OWNER(S) OF BUSINESS _____

ADDRESS OF BUSINESS _____

CITY, STATE & ZIP CODE _____

TELEPHONE NO. OF BUSINESS _____

EFFECTIVE DATE OF OCCUPANCY _____

Email address: _____

FILING THIS FORM WITHIN THIRTY (30) DAYS OF OCCUPANCY IS A REQUIREMENT OF ORDINANCE NO. 287-VIOLATORS WILL BE FINED

NAME OF IMMEDIATE SUPERVISOR OR PERSON IN CHARGE _____ EMERGENCY PHONE NO. _____

#2 EMERGENCY NAME: _____ EMERGENCY PHONE NO. _____

#3 EMERGENCY NAME: _____ EMERGENCY PHONE NO. _____

SOCIAL

<u>FULL NAME OF EMPLOYEE</u>	<u>SECURITY NO.</u>	<u>ADDRESS OF EMPLOYEE</u>	<u>CITY-STATE-ZIP CODE</u>	<u>PHONE NO.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

\$52.00 LOCAL SERVICES TAX (LST) MUST BE WITHHELD ANNUALLY FOR EACH EMPLOYEE IN YOUR HIRE. CONTACT KEYSTONE COLLECTIONS GROUP AT (724)978-0300 FOR FORMS. ALSO ATTACHED IS THE "LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM". EVERY EMPLOYEE OF YOURS MUST COMPLETE THIS FORM AND RETURN IT TO YOU FOR YOU TO PROPERLY WITHHOLD 1% OF EMPLOYEE WAGES FROM EACH PAY AND SUBMIT THE MONEY TO KEYSTONE COLLECTIONS GROUP.

THIS FORM MUST BE UPDATED AS EMPLOYEES ARE HIRED/TERMINATED.

UNDER PENALTY OF LAW, I/WE CERTIFY THAT THE ABOVE INFORMATION IS CORRECT SIGNATURE _____

THIS FORM MUST BE SIGNED BY ALL OWNERS OF THE BUSINESS SIGNATURE _____