

# 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. \_\_\_\_\_

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

**\$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

**THIS FORM MUST BE SIGNED BY ALL OWNERS OF THE BUSINESS**

SIGNATURE \_\_\_\_\_

SIGNATURE \_\_\_\_\_