



For Information Call: (800) 800-8181 Ext. 4040  
 Make Checks Payable to: MuniServices, LLC.  
 License Fee: \$50 per location per year

Mail Completed Registration Form and Payment To:  
 MuniServices, LLC  
 51 North 3rd Street, PMB #215  
 Philadelphia, PA 19106-4597

**BUSINESS TAX REGISTRATION FORM**  
**MUNICIPALITY: BENSALEM TOWNSHIP AND BENSALEM SCHOOL DISTRICT**  
**THIS FORM CAN BE USED TO OBTAIN A LICENSE AND/ OR REGISTER FOR ACCOUNT NUMBER**

1. BUSINESS NAME:

2. BUSINESS ADDRESS:

MAILING ADDRESS (IF DIFFERENT):

3. FEDERAL EIN: \_\_\_\_\_ OR SSN: \_\_\_\_\_

4. BUSINESS PHONE NUMBER \_\_\_\_\_ BUSINESS FAX NUMBER \_\_\_\_\_

5. NATURE OF BUSINESS:  Retail  Wholesale  Rental  Manufacturing  Service  Other

6. BUSINESS TYPE:  Sole Proprietor  Partnership  Joint Venture  Association  Corporation

7. DATE LOCAL BUSINESS ACTIVITY STARTED OR EXPECTED TO BEGIN:

8. DESCRIBE BUSINESS ACTIVITIES IN BENSALEM:

9. ACCOUNTING BASIS:  Cash  Accrual  Other \_\_\_\_\_

10. ACCOUNTING PERIOD:  Calendar  Fiscal - Year Ending \_\_\_\_\_

11. NAME & ADDRESS OF LANDLORD IF RENTING:

12. Name of Owners, Partners or Officers	SSN	Address	Title
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

13. NUMBER OF EMPLOYEES WITHIN MUNICIPALITY:

14. NAME AND PHONE NUMBER OF PERSON OR FIRM IN CHARGE OF RECORDS:

I hereby certify under the penalties provided by law that all statements made herein are to the best of my knowledge and belief true, correct and complete.

\_\_\_\_\_  
 Print Name

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Title

**INSTRUCTIONS  
BUSINESS TAX REGISTRATION FORM**

**General Instructions:**

Type or print clearly and firmly.  
If additional space is required, please attach additional sheets.

**Instructions for completing the Tax Form**

1. Enter the taxpayer's business name; include any "Fictitious Name", "Trade Name" or "DBA".
2. Enter the taxpayer's business address and mailing address (if different).
3. Enter the taxpayer's Federal Identification Number (if applicable) or Social Security Number (if applicable).
4. Enter the taxpayer's business phone number and business fax number.
5. Enter the nature of taxpayer's business by placing an 'x' in the appropriate box.
6. Enter the business type by placing an 'x' in the appropriate box.
7. Enter the date the local business activity started or is expected to start.
8. Briefly describe the specific nature of the taxpayer's business activities within the municipality.
9. Indicate the taxpayer's accounting basis by placing an 'x' in the appropriate box.
10. Indicate the taxpayer's accounting period by placing an 'x' in the appropriate box.
11. Enter the name and address of the landlord if renting inside the township.
12. Enter the names, social security numbers, addresses and titles of all owners, partners or officers.
13. Enter the number of employees that are working within the township.
14. Enter the name, address and phone number of the person or firm in charge of the financial records.

An authorized signature of a partner, owner or officer must appear at the bottom of the form.