

Business Registration

REASON FOR REGISTRATION

- COURTESY WITHHOLDING (for employee's resident municipality)
- WORKPLACE WITHHOLDING (for employees working in Carlisle)
- NET PROFIT ACCOUNT (doing business in Carlisle)

of Employees Working in Carlisle: _____ Start Date: _____

of Employees Residing in Carlisle: _____ Start Date: _____

TYPE OF BUSINESS

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate/Trust
- Sole proprietor/LLC

Fiscal Year End: _____

Type of Product/Service: _____

COMPANY INFORMATION (Include physical address of work performed within Carlisle.)

Name: _____

D/B/A: _____

Carlisle Location: _____

Landlord Name/ _____

Address: _____

Mailing Address: (for tax forms, if different from above.)

Contact Person _____

Telephone Number: _____

Federal ID #: _____
(FID used for submitting withholdings)

Federal ID #: _____
(FID used for reporting net profit/loss)

SSN: _____
(Required if sole proprietor)

Quarterly Withholding

Monthly Withholding (over \$200/mo.)

Semi-Monthly Withholding

Payroll Company: _____

ADDITIONAL INFORMATION (Required.)

Yes No **This company replaces a company previously registered:** _____
(Name)

FID (Net Profit): _____ FID (Withholding): _____

Yes No **This company is a small employer.** (under \$500,000 in gross revenue during previous year.)

Yes No **This company is a contractor.** (Attach list of subcontractors.) Contract Amount: \$ _____

Yes No **This company leases employees.** (Name of leasing company): _____

Name/Address of Corporate Officers (Attach list.): _____

(Print Name) (Title)

(Phone Number) (E-Mail)

(Signature)

I hereby verify that the above information is true and correct.