



BUSINESS PRIVILEGE TAX- EMPLOYER QUESTIONNAIRE
 PLEASE COMPLETE AND RETURN WITH ANNUAL BUSINESS PRIVILEGE TAX RETURN

BOROUGH OF GREEN TREE

10 W Manilla Avenue

Pittsburgh, PA 15220

Phone 412-921-8026 Fax 412-921-5997

| | | |
|--|-------|---|
| 1. Business Name and Address | | |
| 2. Mailing Address (if other than Green Tree Location) | | 3. Federal I.D. or Social Security Number |
| 4. Branch Office Address (if other than Green Tree location) | | 5. Phone Number |
| 6. Do you rent this Green Tree business location? Yes or No | | |
| 7. Names of Owners, Partners or Officers | Title | Address |
| | | |
| | | |
| | | |
| | | |
| 8. Attach a list of all concessionaires and commercial or industrial tenants on your premises. | | |
| 9. Type of Organization: <input type="checkbox"/> Fiduciary <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual Proprietorship Date Incorporated State | | |
| 10. Nature of Business <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Amusement <input type="checkbox"/> Wholesale <input type="checkbox"/> Construction <input type="checkbox"/> Fabrication <input type="checkbox"/> Rental <input type="checkbox"/> Service <input type="checkbox"/> Other (explain) | | |
| 11. Date Green Tree Operation Began | | |
| 12.Type of Business <input type="checkbox"/> Established <input type="checkbox"/> New <input type="checkbox"/> Transient <input type="checkbox"/> Seasonal* <input type="checkbox"/> Itinerant* *Indicate date operations will end | | |
| 13. Accounting Basis <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (explain) Accounting Period: Calendar or Fiscal Year Ending | | |
| 14. Name and address of person or firm in charge of Records | | |
| | | |
| | | |

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

Signature _____ Date _____

Print Name _____ Phone Number _____

Email Address _____

| *EXEMPTIONS AND EXCLUSIONS (from tax return) | AMOUNT |
|--|--------|
| Manufacturing | \$ |
| Articles of Own Growth | \$ |
| Taxes Included in Gross Receipts | \$ |
| Receipts Not Allocable to Green Tree | \$ |
| Interstate Transactions | \$ |
| Other | \$ |



ANNUAL BUSINESS PRIVILEGE TAX RETURN 20__

Due Date: May 15, 20__

BOROUGH OF GREEN TREE

10 W Manilla Avenue

Pittsburgh, PA 15220

Phone 412-921-8026 Fax 412-921-5997

Business Name: _____

Account Number: _____

Address: _____

IMPORTANT: This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties.

All businesses must provide Schedule C's and/or other appropriate Federal Schedules.

Explain fully any differences between the gross volume on reverse

| BUSINESS PRIVILEGE TAX RETURN | | | | | |
|-------------------------------|--------------------------|--|----------------|----------|-------------------|
| | Gross Volume of Business | Exemptions & Exclusions * <small>List on Employer Questionnaire</small> | Taxable Volume | Tax Rate | Amount of Tax Due |
| 1. Services | | | | 0.0015 | \$ |
| 2. Rentals | | | | 0.0015 | \$ |
| 3. Retail Business | | | | 0.0015 | \$ |
| 4. Wholesale Business | | | | 0.001 | \$ |
| 5. TOTAL (sum of lines 1 - 4) | | | | | \$ |

| PENALTY AND INTEREST | |
|--|----|
| 6. Penalty - 10% penalty if paid after May 15th (multiply line 5 x 10%) | \$ |
| 7. Interest - 1% interest per month or part thereof (line 5 x 1% x number of months) | \$ |
| 8. TOTAL (sum of lines 6 and 7) | \$ |

| | |
|---|--------------|
| 9. LICENSE FEE - \$10.00 (a separate license is required for each location) | \$ 10 x __ = |
|---|--------------|

| | |
|--|----|
| 10. TOTAL AMOUNT DUE (SUM OF TOTAL LINES 5, 8 AND 9) | \$ |
|--|----|

AFFIRMATION: I hereby certify under the penalties provided by law that all statements made and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Signature _____ Date _____ Print Name _____

Phone (____) _____

Signature of person preparing the return (if other than above)

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.