

# CITY OF PHILADELPHIA

## APPLICATION FOR PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER BUSINESS PRIVILEGE LICENSE WAGE TAX WITHHOLDING ACCOUNT

**READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM  
CLEARLY PRINT OR TYPE ALL INFORMATION**

DEPARTMENT USE ONLY	
PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER	
<input style="width: 100%; height: 20px;" type="text"/> - <input style="width: 100%; height: 20px;" type="text"/>	
PHILADELPHIA BUSINESS PRIVILEGE LICENSE NUMBER	
<input style="width: 100%; height: 20px;" type="text"/>	

1A. IF THIS ACCOUNT IS FOR <b>WAGE TAX</b> WITHHOLDING ONLY, CHECK HERE <input type="checkbox"/>	
1B. IF THIS ACCOUNT IS FOR <b>NET PROFITS TAX</b> ONLY, CHECK HERE <input type="checkbox"/>	
2. DATE PHILADELPHIA BUSINESS BEGAN <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	3. DO YOU NEED PRIOR YEAR(S) TAX FORMS? YES <input type="checkbox"/> NO <input type="checkbox"/>
4. DATE WAGES FIRST PAID <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>	5. TAXABLE MONTHLY PAYROLL
6. PRIMARY TYPE OF BUSINESS	
<input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RETAIL <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> SERVICES <input type="checkbox"/> OTHER	

FEDERAL EMPLOYER IDENTIFICATION NUMBER

-  -  -  -  -

SOCIAL SECURITY NUMBER

-  -  -  -  -

**YOU MUST ENTER YOUR FEDERAL EMPLOYER IDENTIFICATION AND/OR SOCIAL SECURITY NUMBER**

6A. DESCRIBE EXACT TYPE OF BUSINESS	7. PA. STATE SALES TAX NUMBER <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/>
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8. ENTITY NAME	8A. TRADE NAME (IF APPLICABLE)
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9. MAILING ADDRESS	CITY	STATE	ZIP CODE	
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10. BUSINESS ADDRESS (NUMBER AND STREET. DO NOT USE P.O. BOX NUMBERS.)	CITY	STATE	ZIP CODE	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>
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11. BRANCH OFFICE ADDRESS (IF ANY) IF MORE THAN ONE LOCATION, ATTACH A SEPARATE SHEET.	CITY	STATE	ZIP CODE	OWN <input type="checkbox"/>	RENT <input type="checkbox"/>
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12. BUSINESS TELEPHONE NUMBER	13. HOME TELEPHONE NUMBER	14. FAX NUMBER	15. E-MAIL ADDRESS
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16. TYPE OF ORGANIZATION (CHECK ONE)	D) <input type="checkbox"/> <b>LIMITED LIABILITY COMPANY (LLC)</b> <small>FILING BASIS WITH THE INTERNAL REVENUE SERVICE: (darken one circle)</small>	E) <input type="checkbox"/> <b>PARTNERSHIP</b>	F) <input type="checkbox"/> <b>JOINT VENTURE</b>
A) <input type="checkbox"/> <b>SOLE PROPRIETOR</b>  B) <input type="checkbox"/> <b>CORPORATION</b>  C) <input type="checkbox"/> <b>ESTATE/TRUST</b>	CORPORATION <input type="radio"/> SOLE PROPRIETOR <input type="radio"/> PARTNERSHIP <input type="radio"/>	GENERAL PARTNERSHIP <input type="radio"/> LIMITED PARTNERSHIP <input type="radio"/> LIMITED LIABILITY PARTNERSHIP <input type="radio"/> Check here if any member is a corporation. <input type="checkbox"/>	Check here if any member is a corporation. <input type="checkbox"/>

WAGE TAX ONLY	g) <input type="checkbox"/> <b>GOVERNMENT</b>	h) <input type="checkbox"/> <b>ASSOCIATION</b>	i) <input type="checkbox"/> <b>NON-PROFIT UNDER INTERNAL REVENUE CODE §501(C) (3). ATTACH A COPY OF THE IRS EXEMPTION LETTER.</b>
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17. INDIVIDUALS, PARTNERS OR OFFICERS NAMES	18. HOME ADDRESS	19. SOCIAL SECURITY NUMBER OR FEDERAL EIN

20A. VOLUNTARY DISCLOSURE OF RACE AND GENDER INFORMATION

**RACE/NATIONAL ORIGIN:**

ASIAN, PACIFIC ISLANDER

BLACK     HISPANIC     WHITE

OTHER (specify) \_\_\_\_\_

**SEX:**     MALE     FEMALE

20B. PRIMARY LANGUAGE OF BUSINESS OWNER

ENGLISH     SPANISH     KOREAN

RUSSIAN     OTHER (specify) \_\_\_\_\_

**CITY OF PHILADELPHIA USE ONLY  
REVENUE CODE 3702**

**MAIL COMPLETED APPLICATION TO:  
CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE  
P.O. BOX 1600  
PHILADELPHIA, PA 19105-1600**

**OR FAX TO: 215-686-6635  
(If submitting by fax, do not mail.)**

***I understand that if I knowingly make any false statement(s) herein, I am subject to penalties as prescribed by law.***

_____	_____	_____	_____
SIGNATURE	PRINT NAME	PHONE NUMBER	DATE

**The Philadelphia Business Privilege License Fee is \$250.00  
See instructions on reverse.**

## INSTRUCTIONS

- Department of Revenue information:  
PHONE: 215-686-6600  
E-MAIL: revenue@phila.gov  
INTERNET: phila.gov/revenue 
- Department of Licenses and Inspections information:  
PHONE: 215-686-2490  
E-MAIL: license.issuance@phila.gov  
INTERNET: phila.gov/li 
- Your Federal Employer Identification Number must be entered on this application.
- A Social Security Number must be entered for a Sole Proprietorship.

### Block number:

- 1A and 1B.** If this account is for Wage tax and/or Net Profits tax only, check the appropriate box. If applying for a "**Wage Tax Only**" account, the \$250 application fee is **not** required.
2. Indicate the exact date taxable Philadelphia business activity began in the spaces provided.
  3. If you indicate "YES" on the front of the application, the appropriate tax returns will be mailed to you.
  4. Indicate the exact date for which wage tax was first withheld in the spaces provided.
  5. Your taxable monthly payroll will determine if you remit wage tax quarterly, monthly, semi-monthly or weekly.
  6. Check one box only to indicate your primary type of business.
- 6A.** Indicate the exact type of business, e.g., manufacturing children's clothing, retail plumbing supplies, wholesale grocery items, etc.
7. Enter the Pennsylvania Sales and Use Tax license number.
  8. Indicate your entity name.
- 8A.** If you operate your business under a different name than in item 8, enter here.
9. Enter your primary mailing address. **Do not use a Post Office Box number as your business address.**
  10. If different than the mailing address, enter here. **Do not use a Post Office Box number as your business address.** Indicate if you own the property. **If you own the property used for business purposes and it is located within Philadelphia, you will also be liable for Business Use and Occupancy tax.**
  11. **Do not use a Post Office Box number as your branch office address.** Branch locations would include any business location from which you are paying taxes, such as non-Philadelphia retail establishments that withhold wage tax from Philadelphia residents.
- 12 thru 15.** Indicate daytime information.
- 16.** Check the appropriate organization.
- 17, 18 and 19.** If additional space is needed, attach a separate sheet. Corporate officers and partners must include their Social Security numbers in Block 19; corporate partners must include the EIN of the corporation.
- 20A and 20B.** The information requested is on a voluntary basis only. You are not required to furnish this information, but are encouraged to do so. If your entity is a partnership or a corporation, please check the boxes that apply to the majority owner or owners.

**A Business Privilege License is required for business conducted in Philadelphia. The lifetime license fee is \$250. Make check payable to the City of Philadelphia. If submitting this application by fax, you will be billed by the Department of Licenses and Inspections for the \$250 fee. If box 1A, 1B, 16G, 16H or 16I is checked, a Business Privilege License is not required.**