

City of Pittsburgh Department of Finance 414 Grant Street Room 207 Pittsburgh, PA 15219

Section 1: Reason For Submitting Form

Assistance? Call: (412) 255-2543 Email: registration@pittsburghpa.gov Fax: (412) 255-6821

Business Registration Form

Complete this form to create a business account with the City of Pittsburgh. The City will assign your business a nine digit account number. This form will not be processed or considered complete until this form is signed and dated.

CITY ID #:

PARKING ID #:

New Business						
Change in Business Structure or Busin attached.	ess Name - *Change in	Business Status For	m must be com	pleted by the previous owner(s) and		
Purchased Existing Business						
Other - Please describe reason for sub	mitting form					
Section 2: Business Information						
1. Federal Identification Number*		2. Social Securit	y Number*			
*Provide IRS 9 digit number assigned to your business & IRS EIN documentation *Enter Owner, Primary Officer or Partner's SSN						
3. Full Legal Name of Business (name associa	ated with IRS FEIN) :					
4. Trade Name (doing business as), if any:						
5. Indicate Type of Business Structure: (For	or Non-Profit selections, IRS	determination letter	r must be includ	ed)		
Sole Proprietor	Limited Liability Con	npany (LLC)	Non-Pro	fit * (provide IRS documentation)		
Partnership General Partnership	One Member Only		Charitable Non-Profit* (provide IRS documentation)			
Limited Liability Partnership (LLP)	Two or More N	lembers	Association			
Limited Partnership (LP)	Cooperative		Other -	Specify Below		
S Corporation C Corporation	Estate or Trust					
6. Business Start Date	Joint Venture	of Ducinoco Act	ivition in Ditt	aburab		
				sburgh		
 8. Enter the six-digit NAICS code(s) that best describes your business activities (enter at least one)						
trade, etc. Also describe the nature of busin	ness being done in the	City of Pittsburg	gh. List addit	ional NAICS codes here:		
Section 3: Business Address an						
1. Pittsburgh Business Location and/or Hon Street Address	ne Based Employee A City	ddress - If there is		dress, please attach on a separate sheet Zip Code		
Sheet Address			State			
2. Mailing Address -All correspondence is sent to this	address. If you would like your	CPA/accountant to rec	eive your tax forms please list address on separate sheet			
Street Address	City		State	Zip Code		
3. Business Phone Number	4. Fax Number		5. Email Ad	dress		
6. List INDIVIDUALS who are owners, office						
LLCs must have at least 2 owners/officers/ii	ndividuals listed. Attac			-		
6A. Name (last name, first name, middle initial)		Phone Number		Social Security Number		
Address (street, city,state, zip code)		•	Title			
6B. Name (last name, first name, middle initial)		Phone Number		Social Security Number		
6B. Name (last name, first name, middle initial)		Phone Number		Social Security Number		
6B. Name (last name, first name, middle initial) Address (street, city,state, zip code)		Phone Number	Title	Social Security Number		
		Phone Number		Social Security Number		

Rev. 11/19



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Section 4: City Tax Liabilities

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Local Services Tax	City of Pittsburgh Tax Types A tax on individuals for the privilege of engaging in an occupation. The tax may be levied, assessed and collected by the political subdivision of the taxpayer's primary place of employment. If the registrant is employed full time elsewhere, and the LST is being withheld, you MUST provide a copy of the paystub or W-2 that indicates LST.							
Payroll Expense Tax	Every employer doing business in the City of Pittsburgh is required to pay a Payroll Tax on the gross payroll expense and on net distribution from self-employed individuals, members of partnerships, associations, joint ventures or other entities who perform work or provide services within the City of Pittsburgh. The ordinance imposes a Payroll Tax on all businesses that engage, hire, employ or contract with one or more individuals to perform work or render services within the City of Pittsburgh.							
Amusement Tax	taxes to the City of Pitts	All places of amusement and all producers of amusements are required to collect tax from the patrons and remit the collected taxes to the City of Pittsburgh. If the entity is a charitable non profit performing arts, please provide a current copy of the Federal 990 tax return, Non profit Charter, and PA sales and use tax certificate of exemption with the completed registration.						
Parking Tax		All persons or entities within the City of Pittsburgh who park or store motor vehicles for a consideration are required to register and collect the Parking Tax from patrons.						
Institution & Service Privilege Tax	nstitution & Entities engaged in service in the medical, education, social, recreational, vocational or any other type of services where there is a charge collected, except elementary and secondary schools, are required to pay gross receipts. Exception is receipts from the sale of food, drink, or merchandise.							
Non-Resident Sports Facility Usage Fee	Sports Facility resident receives remuneration is required to withhold and remit the fee to the Treasurer as result of services performed at a							
1.Type of Taxes				- 4				
Payroll Expense Ta	iness taxes you expect o			CI:	Non-F	Resident Sports Facility	Isage Fee	
				. ,	C C			
	Parking Tax Amusement Tax Institution & Service Privilege Tax (Non-Profit Entities Only							
Employer Withheld Wage Tax: Please Contact Jordan Tax Service - (412) 345-7968 (www.jordantax.com/Act32/Employer.html) to register for a withholding account for the Earned Income Tax.								
For more information on City taxes, please visit our Finance website at: <u>http://pittsburghpa.gov/finance/tax-descriptions</u>					ce/tax-descriptions			
For questions contact: Call Tax Payer Services at (412) 255-8822 or Email: taxcompliance@pittsburghpa.gov								
Section 5: Additional Parking Tax Information *ONLY complete this section if you are liable for Parking tax						ble for Parking tax		
1. Operator's Name (last name, first name) 2. BBI Permit Number								
3. Property Owner's Name (last name, first name) 4. Property Owner's Telephone Number								
5. Property Owner's	Address		City		:	State	Zip Code	
6 Darking Lat/ Care	and Longition*			7		ria Niama		
6. Parking Lot/ Garage Location*		7. Former Operator's Name						
Address should be identical to the one appeared on your Parking Permit and Application with the Bureau of Building Inspection								
8. Check ALL that apply to your parking location below:								
Surface Lot Automatic Ticket-Spitter Computerized Reporting System								
0								
Garage	Manually Issued Tickets Leased Spaces Only							
9. Max. Vehicle Ca	pacity	10. Number of Free Spaces				11. How often does the rate change?		
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Continued Section 5: Additional Parking Tax Information

*ONLY complete this section if you are liable for Parking Tax

TAXPAYER IS REQUIRED TO NOTIFY CITY OF PITTSBURGH WHEN RATES CHANGE

12. Please List Weekly Hourly Rates							
1-1	3-4	6-7					
2-2	4-5	7-8					
3-3	5-6	8+					
13. Please List Fixed Rates							
Fixed/Flat Rate	Night Rate						
Early Bird Rate	Event Rate						
14. Please List Weekend Rates	15. Please List Current Night Rates						
Saturday		Daily					
Sunday	Hourly						
16. Please List Lease Rates	17. Other *Please specify below						
Lease Rates							
Monthly							
Section 6: Signature (REQUIRED)							
I, the undersigned, do hereby affirm that this o best of my knowledge and belief, is true, corre	official government docume	ent has been examined by me and to the					
1. Signature of Owner / Officer		3. Date Signed					
4. Phone Number	5. Title						
Submission	of Pusiness Begistr	tion Form					
Submission of Business Registration Form							
After completing and signing this business registration form, please submit your registration to:							
1. Email: registration@pittsburghpa.gov							
2. Mail to : Registration, City of Pittsburgh							
414 Grant Street Room 207 Pittsburgh, PA 15219-2476							
For Office Use ONLY: Select Applicatio							

For Office Use ONLY: