



**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? <span style="float:right">Yes or No</span>		
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 __ =
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10. TOTAL AMOUNT DUE (SUM OF TOTAL LINES 5, 8 AND 9)	\$
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**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.