

DATE _____

SPRINGFIELD TOWNSHIP

50 POWELL ROAD

SPRINGFIELD, PA

19064

DELAWARE COUNTY, PENNSYLVANIA

610-544-1300

COMPLETE IN FULL

*This form is not virtual form.
Completion options: save to your
computer to edit, print-complete
replies, or create a new document
of your own.
Email:*

apellegrino@springfielddelco.org

LOCAL SERVICE TAX—QUESTIONNAIRE—Account Start-up

1. Provide Company name – address / phone / EIN #
2. If applicable, is there a “parent” company? Provide the phone number, mailing address if different.
3. Provide specific contact person at Company and their direct phone number.
4. EMAIL Address for Company contact person.
5. Nature of the business and the position held by the employee(s), number of employees.
6. Employee name(s), address(es), phone number(s).
7. Effective date of addition / or start date of company.
8. Payroll Company information: name address & contact person, if using a payroll service provider.

ALL REQUESTED INFORMATION IS REQUIRED – COMPLETE IN FULL TO AVOID DELAY OF ACCOUNT ASSIGNMENT.

If you should have any further questions, please do not hesitate to contact our office.

Anne Marie Pellegrino 610-544-1300 ext. 130 apellegrino@springfielddelco.org

Business Taxes/Finance Admin - Springfield Township