

**MIFFLIN COUNTY SCHOOL
DISTRICT AND
MUNICIPALITIES**

**EMPLOYER
REGISTRATION**

FORM AND INSTRUCTIONS

DETACH AND MAIL OR FAX COMPLETED REGISTRATION TO:

**Miffco Tax Service Inc., P.O. Box 746, Lewistown Pa 17044
Phone 717-242-2777
Fax 717-242-6132**

Forms and information are available at: www.miffco.com

MAIL OR FAX COMPLETED APPLICATION TO: Miffco Tax Service Inc. 139 W. Market St. P.O. Box 746 Lewistown, Pa 17044 Phone: 717-242-2777 Fax: 717-242-6132	MIFFLIN COUNTY EMPLOYER REGISTRATION FORM	<u>TAX OFFICE USE ONLY</u> DBA Number: _____ Initial Quarter/ Year: _____ Distribution: ___SCB ___File
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TYPE OR PRINT LEGIBLY, USE BLACK INK

SECTION 1 – REASON FOR THIS REGISTRATION

* REFER TO THE INSTRUCTIONS AND CHECK THE APPLICABLE BOX(ES) TO INDICATE THE REASON(S) FOR THIS REGISTRATION.

- | | |
|---|--|
| 1. <input type="checkbox"/> NEW REGISTRATION
2. <input type="checkbox"/> REACTIVATING TAXES
3. <input type="checkbox"/> ADDING ESTABLISHMENT(S)
4. <input type="checkbox"/> INFORMATION UPDATE | 5. DID THIS EMPLOYER:
<input type="checkbox"/> YES <input type="checkbox"/> NO ACQUIRE ALL OR PART OF ANOTHER BUSINESS
<input type="checkbox"/> YES <input type="checkbox"/> NO RESULT FROM A CHANGE IN LEGAL STRUCTURE
(FOR EXAMPLE, FROM INDIVIDUAL PROPRIETOR TO CORPORATION, PARTNERSHIP TO CORPORATION, CORPORATION TO LIMITED LIABILITY COMPANY, ETC.)
<input type="checkbox"/> YES <input type="checkbox"/> NO UNDERGO A MERGER, CONSOLIDATION, DISSOLUTION OR OTHER RESTRUCTURING. |
|---|--|

A WORD ABOUT SECTIONS 2 & 3

Complete Section 2 for the legal entity maintaining an office, factory, workshop, branch, warehouse, or other place of business physically located within the Mifflin County School District.

Complete Section 3 for the office, factory, workshop, branch, warehouse, or other place of business physically located within the Mifflin County School District.

For example, a real estate corporation, ABC REALTY, INC with corporate headquarters in New York City, may have a branch Office, XYZ REAL ESTATE VENTURES, in Mifflin County School District. In this example, complete Section 2 for ABC REALTY, INC. and Section 3 for XYZ REAL ESTATE VENTURES.

SECTION 2 – EMPLOYER LEGAL ENTITY INFORMATION

1. DATE OF FIRST OPERATIONS	2. DATE OF FIRST OPERATIONS IN MIFFLIN COUNTY			
3. EMPLOYER LEGAL NAME	4. FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN)			
5. EMPLOYER TRADE NAME (If different than Legal Name)	6. TELEPHONE NUMBER ()	7. FAX NUMBER ()		
8. EMPLOYER STREET ADDRESS (Do not use PO Box)	CITY/TOWN	COUNTY	STATE	ZIP +4
9. EMPLOYER MAILING ADDRESS (If different than Street Address)	CITY/TOWN	STATE	ZIP +4	
10. LOCATION OF EMPLOYER RECORDS (Street Address)	CITY/TOWN	STATE	ZIP +4	

SECTION 3 – ESTABLISHMENT INFORMATION

* COMPLETE THIS SECTION FOR EACH ESTABLISHMENT LOCATED IN MIFFLIN COUNTY SCHOOL DISTRICT FROM WHICH THE EMPLOYER CONDUCTS BUSINESS. PHOTOCOPY THIS SECTION AS NECESSARY.

1. ESTABLISHMENT NAME (Doing Business As)	2. TELEPHONE NUMBER	3. FAX NUMBER	4. E-MAIL ADDRESS
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	()	()	
5. STREET ADDRESS	CITY/TOWN	STATE	ZIP +4
6. DATE YOU DID OR WILL START PAYING WAGES		7. CONTACT PERSON	
8. BRIEFLY DESCRIBE YOUR BUSINESS AT THIS LOCATION			

SECTION 4 – BUSINESS STRUCTURE

* CHECK THE APPROPRIATE BOX:

- | | | |
|---|--|--|
| <input type="checkbox"/> SOLE PROPRIETORSHIP (INDIVIDUAL) | <input type="checkbox"/> GENERAL PARTNERSHIP | <input type="checkbox"/> ASSOCIATION |
| <input type="checkbox"/> CORPORATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> BUSINESS TRUST |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> LIMITED LIABILITY PARTNERSHIP | <input type="checkbox"/> ESTATE |
| <input type="checkbox"/> JOINT VENTURE PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY COMPANY | <input type="checkbox"/> RESTRICTED PROFESSIONAL COMPANY |
| | STATE WHERE CHARTERED: _____ | STATE WHERE CHARTERED: _____ |

SECTION 5 – OWNERS, PARTNERS, SHAREHOLDERS AND OFFICERS

* PROVIDE THE FOLLOWING FOR ALL INDIVIDUAL AND/OR EMPLOYER OWNERS, PARTNERS, SHAREHOLDERS, AND OFFICERS. PHOTOCOPY THIS SECTION AS NECESSARY.

1. NAME	2. SOCIAL SECURITY NUMBER	3. FEDERAL EIN		
4. <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER	<input type="checkbox"/> OFFICER <input type="checkbox"/> SHAREHOLDER	5. TITLE		
6. HOME ADDRESS (STREET ADDRESS)	CITY/TOWN	COUNTY	STATE	ZIP CODE +4

1. NAME	2. SOCIAL SECURITY NUMBER	3. FEDERAL EIN		
4. <input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER	<input type="checkbox"/> OFFICER <input type="checkbox"/> SHAREHOLDER	5. TITLE		
6. HOME ADDRESS (STREETADDRESS)	CITY/TOWN	COUNTY	STATE	ZIP CODE +4

SECTION 6 – PREDECESSOR / SUCCESSOR INFORMATION

* COMPLETE THIS SECTION IF THE REGISTERING EMPLOYER IS WHOLLY OR PARTIALLY SUCCEEDING A PREDECESSOR.

1. PREDECESSOR LEGAL NAME	2. PREDECESSOR TRADE NAME		
3. PREDECESSOR FEDERAL EIN	4. PREDECESSOR STREET ADDRESS		
CITY/TOWN	STATE	ZIP CODE	

5. SPECIFY HOW THE BUSINESS OPERATION WAS ACQUIRED: ACQUISITION OF EXISTING OPERATION MERGER
 GIFT CONSOLIDATION CHANGE IN LEGAL STRUCTURE OTHER (SPECIFY) _____

6. ACQUISITION DATE: _____

7. YES NO HAS THE PREDECESSOR CEASED PAYING WAGES? IF YES, ENTER THE DATE WAGES CEASED, IF KNOWN _____

8. YES NO HAS THE PREDECESSOR CEASED OPERATIONS? IF YES, ENTER THE DATE OPERATIONS CEASED, IF KNOWN. _____ IF NO, DESCRIBE THE PREDECESSOR'S PRESENT BUSINESS ACTIVITY IF KNOWN. _____

SECTION 7 – AUTHORIZED SIGNATURE

I (WE), THE UNDERSIGNED, DECLARE UNDER THE PENALTIES OF PERJURY THAT THE STATEMENTS CONTAINED HEREIN ARE TRUE, CORRECT AND COMPLETE.

AUTHORIZED SIGNATURE (Attach Power of Attorney if Applicable)	DAYTIME TELEPHONE NUMBER ()	TITLE
TYPE OR PRINT	E-MAIL ADDRESS	DATE

INSTRUCTIONS

The Resolution adopted in 1966 by the Mifflin County School District, requires every employer having an establishment (i.e. office, factory, workshop, branch, warehouse or other place of business) physically located within the Mifflin County School District to register with the Earned Income Tax Collector within 15 days after becoming an employer.

An employer is a person, partnership, association, corporation, institution, governmental body or unit or agency, or any other entity employing one or more persons for a salary, wage, commission or other compensation.

This registration form is designed for both new registrants and existing registrants required to reactivate taxes, notify the Collector of additional establishments, or update information already on file.

SECTION 1 – REASON FOR THIS REGISTRATION

An Employer may select more than one reason for registration.

- New Registration:** An Employer never registered with Miffco Tax Service Inc. must complete Sections 1 through 7.
- Reactivating Tax(es):** A registered Employer reactivating tax(es) must complete Sections 1, 2 and 7 and additional sections as appropriate.
- Adding Establishment(s):** A registered Employer adding establishment location(s) must complete Sections 1, 2, 3 and 7.
- Information Update:** A registered Employer providing changes in information must complete Sections 1, 2, 7 and any additional sections as appropriate.
- Did this Employer:**

An Employer acquiring the business operation of another Employer in whole or in part must complete Section 6, Predecessor/Successor Information. The business operation can be acquired by consolidation, merger, gift, or change in legal structure. A stock acquisition alone does not constitute a transfer of the business operation.

Check the appropriate box to indicate the business operation of the Employer. If yes:

- A newly formed Employer must complete Sections 1 through 7
- A previously registered Employer must complete Sections 1, 2, 6 and 7.

SECTION 2 – EMPLOYER LEGAL ENTITY INFORMATION

- Date of First Operations:** Enter the first date the Employer conducted any activity. This includes start-up operations prior to opening for business.
- Date of First Operations in the Mifflin County School District:** Enter the first date the Employer conducted any activity in the Mifflin County School District. This includes start-up operations prior to opening for business.
- Employer Legal Name:** Enter the legal name of the Employer.

IF THE BUSINESS STRUCTURE IS:	USE THE:
SOLE PROPRIETORSHIP	INDIVIDUAL OWNER’S NAME
CORPORATION	NAME AS SHOWN IN THE ARTICLES OF INCORPORATION

PARTNERSHIP	NAME AS SHOWN IN THE PARTNERSHIP AGREEMENT
ASSOCIATION	NAMES AS SHOWN IN THE ASSOCIATION AGREEMENT
BUSINESS TRUST	NAME AS SHOWN IN THE TRUST AGREEMENT
ESTATE	LEGAL NAME OF THE ESTATE
TRUST	NAME AS SHOWN IN THE TRUST AGREEMENT
LIMITED LIABILITY COMPANY	NAME AS SHOWN IN THE ARTICLES OF ORGANIZATION
RESTRICTED PROFESSIONAL COMPANY	NAME AS SHOWN IN THE ARTICLES OF ORGANIZATION
GOVERNMENT	OFFICIAL/LEGAL NAME OF THE ORGANIZATION

4. **Federal EIN:** Enter the Federal Employer Identification Number (EIN) assigned to the Employer by the Internal Revenue Service. If the Employer does not have an EIN, enter "N/A". If the Employer has made application for an EIN, enter "Applied For".
5. **Employer Trade Name:** Enter the name by which the Employer is commonly known (doing business as, trading as, also known as), if it is a name other than the legal name. If the Employer has a fictitious name registered with the PA Department of State, enter it here. If the trade name is the same as the legal name, enter "Same".
6. **Employer Telephone Number:** Enter the telephone number for the Employer.
7. **Employer Fax Number:** Enter the fax number for the Employer.
8. **Employer Street Address:** Enter the physical location of the Employer. **A post office box is not acceptable.**
9. **Employer Mailing Address:** Enter the address where the Employer prefers to receive mail, if at an address other than the Employer street address. A post office box is acceptable. If the mailing address is the same as the Employer street address, enter "Same".

To indicate multiple mailing addresses and the purposes, attach a separate 8 ½ X 11 sheet and identify the purpose of each.

For example, an Employer may want notices mailed to the Employer address, but payroll-related forms such as Employer Withholding mailed to the address of a particular payroll service.
10. **Location of Employer Records:** Enter the street address where the Employer records are kept. A post office box is not acceptable. If the records are kept at the Employer street address, enter "Same".

SECTION 3 – ESTABLISHMENT INFORMATION

1. **Establishment Name (Doing Business As):** Enter the name by which the establishment is known to the public; for example, the name on the front of the store. If the same as the employer legal name, enter "Same".
2. **Telephone Number:** Enter the telephone number for the establishment.
3. **Fax Number:** Enter the fax number for the establishment.
4. **E-Mail Address:** Enter the e-mail address for the contact person for the establishment.
5. **Street Address:** Enter the street address for the establishment.
6. **Date You Did or Will Start Paying Wages:** List the quarter and year. For example, March 2005 would be shown as 01/2005.
7. **Contact Person:** Provide the title of the person responsible at the establishment for the payroll.
8. **Briefly Describe Your Business at this Location:** If you know your SIC code, please list. Otherwise, describe your business's primary activities and products.

SECTION 4 – BUSINESS STRUCTURE

Check box to select the form of organization that applies to the Employer.

- A sole proprietor is one individual owner and indicates 100 percent ownership.

- Two or more individuals listed as owners constitute a partnership and will be registered as one.
- Limited liability companies and restricted professional companies must enter the state/province where chartered.

SECTION 5 – OWNERS, PARTNERS, SHAREHOLDERS AND OFFICERS

Identify and provide information on the following:

- The sole proprietor who is 100 percent owner. A sole proprietor must be one individual.
 - All general partners and all limited partners who are involved in the daily operation of business.
 - All shareholders (both individuals and Employers) owning stock. If the stock is publicly traded, identify any shareholders with an equity position of 25 percent or more.
 - All officers of the corporation, association, or business trust.
1. **Name:** Enter the name(s) of the owner, partner, shareholder or officer of the Employer. If the owner is another Employer, enter the legal name of the Employer.
 2. **Social Security Number:** Enter the Social Security Number of the owner, partner, shareholder or officer.
 3. **Federal EIN:** Enter the Federal Employer Identification Number (EIN) if the owner, partner or shareholder is another Employer.
 4. **Type of Ownership/Position:** Check the box(es) to designate an owner, partner, officer or shareholder.
 - 5/6. **Title/Home Address:** Enter the title and home street address of the owner, partner, shareholder or officer. If the owner, partner or shareholder is another Employer, enter the street address of the Employer. **A post office box is not acceptable.**

SECTION 6 – PREDECESSOR/SUCCESSOR INFORMATION

Complete this section if the registering Employer is succeeding a predecessor (prior owner) in whole or in part.

Predecessor: An Employer that transfers all or part of its organization, trade or business to another Employer.

Successor: An Employer that acquires by transfer all or part of the organization, trade or business from another Employer.

- 1-4. Provide predecessor information as requested on the form.
5. Check the appropriate box to indicate how the predecessor’s business operation was acquired.

Acquisition of an Existing Employer: Occurs when the form of organizations are continued by a new owner; for example, a purchase of all or part of the Employer.

Change in Legal Structure: Occurs when the form of organization changes; for example, when a sole proprietorship incorporates or forms a partnership.

Consolidation: Occurs when a new corporation is formed by combining two or more corporations which then cease to exist.

Gift: Occurs when the title to the property is transferred without consideration.

Merger: Occurs when one corporation is absorbed by another. One corporation preserves its original charter or identity and continues to exist and the other corporate existence terminates.

6. Enter the date the business operation was acquired.
7. Enter the date the predecessor last paid wages in Mifflin County, if known.
8. Enter the date the predecessor ceased operations in Mifflin County, if known. If operations have not ceased, describe the predecessor’s ongoing business activity in Mifflin County.