

**CITY OF PHILADELPHIA**  
**APPLICATION FOR**  
**PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER**  
**BUSINESS PRIVILEGE LICENSE**  
**WAGE TAX WITHHOLDING ACCOUNT**

**THE PHILADELPHIA BUSINESS PRIVILEGE LICENSE FEE IS \$300.00**

**READ INSTRUCTIONS ON REVERSE BEFORE COMPLETING THIS FORM**  
**CLEARLY PRINT OR TYPE ALL INFORMATION**  
**You can register online at [www.phila.gov/revenue](http://www.phila.gov/revenue).**

<b>DEPARTMENT USE ONLY</b>	
PHILADELPHIA BUSINESS TAX ACCOUNT NUMBER	
[ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
PHILADELPHIA BUSINESS PRIVILEGE LICENSE NUMBER	
[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
REVENUE CODE 3702	

1A. IF THIS ACCOUNT IS FOR <b>WAGE TAX</b> WITHHOLDING ONLY, CHECK HERE: <input type="checkbox"/>		<b>YOU MUST ENTER YOUR FEDERAL EMPLOYER IDENTIFICATION AND/OR SOCIAL SECURITY NUMBER</b>  EMPLOYER IDENTIFICATION NUMBER [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  SOCIAL SECURITY NUMBER [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]  PA STATE SALES and USE TAX NUMBER [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
1B. IF THIS ACCOUNT IS FOR <b>NET PROFITS TAX</b> ONLY, CHECK HERE: <input type="checkbox"/>			
2. DATE PHILADELPHIA BUSINESS BEGAN [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]			
3. DO YOU NEED PRIOR YEAR TAX FORMS? YES <input type="checkbox"/> NO <input type="checkbox"/>			
4. DATE WAGES FIRST PAID [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]			
5. TAXABLE MONTHLY PAYROLL \$ [ ] [ ] , [ ] [ ] [ ] , [ ] [ ] [ ] [ ] . <b>00</b>			
6A. 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			
6B. DESCRIBE EXACT TYPE OF BUSINESS			
7. ENTITY NAME		8. TRADE NAME (IF APPLICABLE)	
9. BUSINESS ADDRESS (NUMBER AND STREET. DO NOT USE P.O BOX NUMBERS.)		CITY	STATE    ZIP CODE    OWN <input type="checkbox"/> RENT <input type="checkbox"/>
10. MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS.)		CITY	STATE    ZIP CODE
11. BRANCH OFFICE ADDRESS, IF ANY. (IF MULTIPLE LOCATIONS, ATTACH SEPARATE SHEET.)		CITY	STATE    ZIP CODE    OWN <input type="checkbox"/> RENT <input type="checkbox"/>
12. BUSINESS TELEPHONE NUMBER	13. HOME TELEPHONE NUMBER	14. FAX NUMBER	15. E-MAIL ADDRESS
16. TYPE OF ORGANIZATION (CHECK ONE) A) <input type="checkbox"/> <b>SOLE PROPRIETOR</b> B) <input type="checkbox"/> <b>CORPORATION</b> C) <input type="checkbox"/> <b>ESTATE/TRUST</b>		D) <input type="checkbox"/> <b>LIMITED LIABILITY COMPANY (LLC)</b> INDICATE FILING BASIS WITH THE INTERNAL REVENUE SERVICE CORPORATION <input type="radio"/> SOLE PROPRIETORSHIP <input type="radio"/> PARTNERSHIP <input type="radio"/> E) <input type="checkbox"/> <b>PARTNERSHIP</b> GENERAL PARTNERSHIP <input type="radio"/> LIMITED LIABILITY PARTNERSHIP <input type="radio"/> LIMITED PARTNERSHIP <input type="radio"/> Check here if any member is a corporation. <input type="checkbox"/> F) <input type="checkbox"/> <b>JOINT VENTURE</b> Check here if any member is a corporation. <input type="checkbox"/>	
<b>WAGE TAX ONLY</b> 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)</b> (ATTACH COPY OF THE IRS EXEMPTION LETTER.)			
17. INDIVIDUALS, PARTNERS OR OFFICERS NAMES		18. HOME ADDRESS	
19. SSN OR FEDERAL EIN			
20A. VOLUNTARY DISCLOSURE OF RACE AND GENDER INFORMATION <b>RACE/NATIONAL ORIGIN:</b> <input type="checkbox"/> ASIAN, PACIFIC ISLANDER <input type="checkbox"/> BLACK <input type="checkbox"/> HISPANIC <input type="checkbox"/> WHITE <input type="checkbox"/> OTHER (SPECIFY): _____ <b>SEX:</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		20B. PRIMARY LANGUAGE OF BUSINESS OWNER <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> KOREAN <input type="checkbox"/> RUSSIAN <input type="checkbox"/> OTHER (SPECIFY): _____	
<b>I understand that if I knowingly make any false statement(s) herein, I am subject to penalties as prescribed by law.</b>			
SIGNATURE	PRINT NAME	PHONE NUMBER	DATE

Mail the completed application to the **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 this form.

## INSTRUCTIONS

**A Business Privilege License is required for business conducted in Philadelphia. The lifetime license fee is \$300. 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 \$300 fee. If box 1A, 1B, 16G, 16H or 16I is checked, a Business Privilege License is not required. You may apply for an account number online at [www.phila.gov/revenue](http://www.phila.gov/revenue).**

- » **Your Federal Employer Identification Number must be entered on this application.**
- » **A Social Security Number must be entered for a Sole Proprietorship.**
- » **Enter the Pennsylvania Sales and Use Tax license number.**

### 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 \$300 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.
- 6A.** Check one box only to indicate your primary type of business.
- 6B.** Indicate the exact type of business, e.g., manufacturing children's clothing, retail plumbing supplies, wholesale grocery items, etc.
7. Indicate your entity name.
  8. If you operate your business under a different name than in **Block 7**, enter here.
  9. Enter your business address. **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.**
  10. Enter your primary mailing address if different from the business address. **Do not use a Post Office Box number as your business address.**
  11. 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. **Do not use a Post Office Box number as your branch office address.**
- 12 through 15.** Indicate daytime information.
- 16.** Check the appropriate organization.
- 17 through 19.** If additional space is needed, attach a separate sheet. Corporate officers and partners must include their Social Security number 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.

**Department of Revenue Information:**  
**PHONE: 215-686-6600**  
**E-MAIL: [revenue@phila.gov](mailto:revenue@phila.gov)**  
**INTERNET: [www.phila.gov/revenue](http://www.phila.gov/revenue)**

**Department of Licenses and Inspections Information:**  
**PHONE: 215-686-2490**  
**E-MAIL: [license.issuance@phila.gov](mailto:license.issuance@phila.gov)**  
**INTERNET: [www.phila.gov/li](http://www.phila.gov/li)**