

Dear Taxpayer,

As a business operating in the **Borough of West Reading**, which imposes a Business Privilege and/or Mercantile Tax on Gross Receipts you are required under local tax law to complete and return the questionnaire below within ten (10) days. Upon return, your business will be issued an account number and the appropriate forms to be filed to report for this jurisdiction.

| Name of Business: | | |
|--|-------------|---|
| Federal ID or Social Security Number: | | |
| Business Address or if a Rental, property addr | ress: | |
| | | ering for: |
| | | |
| Name of Contact Person: | | |
| Name of Owners: | | |
| Date Business is to begin: | | |
| Telephone Number: | Fax Number: | E-mail: |
| Type of Business (Retail, Wholesale, Service, (If your business is construction, you are resp addresses and amounts paid to all sub-contadditional sheets as needed. | Rental): | s on the full job. You must also report the names, med in this jurisdiction as well). Please attach |
| If your business currently files for the Busines number (s): | | ax with Berkheimer, please indicate your account |
| | | Pottstown Pk., Exton, PA 19341 or via email to: |

If you have questions on this form and/or the tax; please feel free to contact us at: 610-599-3140 or at BPT@hab-inc.com.

Sincerely,
BERKHEIMER
Business Privilege/Mercantile Tax Administrator

You are entitled to receive a written explanation of your rights with regards to audit, appeal, enforcement, refund and collection of local taxes by calling Berkheimer at 610-599-3140, during the hours of 9:00 am to 4:00 pm, Monday through Friday. If Berkheimer is not the appointed tax hearing officer for your taxing district, you must contact your taxing district about proper procedures and forms necessary to file an appeal.