

MILLCREEK TOWNSHIP

BOARD OF SUPERVISORS

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LOCAL SERVICES TAX

NEW EMPLOYER REGISTRATION FORM

Date:	
Employer/Business Name:	<u>.</u>
Physical Address:	
Telephone No	Fax No
E-mail address:	
Contact Person:	
	itting your return and payment provide name, address,
Email of your quarterly Local Services like to receive your forms in this form	Tax returns is available; please check here if you would at
Signature and title	