



2020 INVOICE

**COMPLETE BUSINESS INFORMATION
SHEET ON REVERSE SIDE.**

**THIS FORM MUST BE COMPLETED IN
ITS ENTIRETY, OR IT WILL BE
RETURNED.**

DESCRIPTION	AMOUNT
<p>Ordinance No. 981, as amended by Ordinance No. 2464 (2020):</p> <p style="text-align: center;"><u>2020 Business Privilege Tax</u> <i>(Please note new tax categories and fees).</i></p> <p>Small Business: (9 or fewer employees & self-employed) \$ 350.00</p> <p>Medium Business: (10-19 employees) \$ 700.00</p> <p>Large Business: (20 or more employees) \$1,000.00</p> <p>Indicate Number of Employees: _____</p> <p style="text-align: center;"><u>DUE DATE – MARCH 1, 2020</u></p> <p><i>If payment is not received within 30 days of due date, an additional \$50.00 shall be due over the base rate.</i></p> <p><i>If payment is not received within 120 days of due date, an additional \$100.00 shall be due over the base rate.</i></p> <p>I, _____, <i>(Print Name- Business Owner)</i></p> <p style="text-align: center;"><i>hereby declare that the facts set forth herein are true and correct to the best of my knowledge, information, and belief.</i></p> <p>_____</p> <p><i>Business Owner Signature (REQUIRED) Date</i></p>	

AMOUNT DUE:

<p>Please make checks payable to: Borough of Carnegie One Veterans Way Carnegie, Pennsylvania 15106</p> <p>If you have any questions regarding this Invoice, contact: Renea Holden, Carnegie Borough Secretary (412) 276-1414 Extension: 1421</p>	
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BOROUGH OF CARNEGIE
One Veterans Way
Carnegie, Pennsylvania 15106
412.276.1414 | Telephone 412.276.8018 | Fax
www.carnegieborough.com



2020 BUSINESS & EMERGENCY CONTACT INFORMATION

NAME OF BUSINESS:

BUSINESS ADDRESS:

BUSINESS PHONE #:

OF EMPLOYEES:

TYPE OF BUSINESS:

NAME OF OWNER:

EMAIL:

INVOICE ADDRESS: (If different than business address.)

EMERGENCY CONTACT INFORMATION

(To be used in the event of an after-hours emergency.)

PRIMARY CONTACT:

TELEPHONE NUMBER:

SECONDARY CONTACT:

TELEPHONE NUMBER:

*(Information included on this form was received by your company on your 2019 BPT Contact Information Form.
Please review for accuracy and make any changes and/or additions).*

Please check if all above information is correct.

OFFICIAL USE ONLY

Date Received: _____ Received By: _____

Amount Received: _____ Check/M.O.#: _____