



2024 INVOICE

COMPLETE BUSINESS INFORMATION
SHEET ON REVERSE SIDE.

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

JANUARY 11, 2024

DESCRIPTION	AMOUNT
Ordinance No. 981, as amended by Ordinance No. 2471 (2022):	
<u>2024 Business Privilege Tax</u>	
Small Business: (9 or fewer employees & self-employed)	\$ 350.00
Medium Business: (10-19 employees)	\$ 700.00
Large Business: (20 or more employees)	\$1,000.00
Indicate Number of Employees: _____	
<u>DUE DATE – February 26, 2024</u>	
<i>If payment is not received within 30 days of due date, an additional \$50.00 shall be due over the base rate.</i>	
<i>If payment is not received within 120 days of due date, an additional \$100.00 shall be due over the base rate.</i>	
I, _____, (Print Name- Business Owner)	
<i>hereby declare that the facts set forth herein are true and correct to the best of my knowledge, information, and belief.</i>	
_____ Business Owner Signature (REQUIRED)	_____ Date
TOTAL AMOUNT DUE:	
Please make checks payable to: Borough of Carnegie One Veterans Way Carnegie, Pennsylvania 15106	
If you have any questions regarding this invoice, please contact: Carnegie Borough Administration (412) 276-1414 Ext. 1421	

2024 BUSINESS & EMERGENCY CONTACT INFORMATION

NAME OF BUSINESS:

BUSINESS ADDRESS:

NAME OF BUSINESS OWNER:

EMAIL:

TYPE OF BUSINESS:

NUMBER OF EMPLOYEES:

INVOICE ADDRESS: (If different than business address):

BUSINESS TELEPHONE:

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 from your company on your 2021 BPT Contact Information Form. Please review for accuracy and make any changes and/or additions. If this form is blank, please fill in all required information.)

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Please check if all above information is current and correct.

CARNEGIE BOROUGH USE ONLY

Date Received: _____

Received By: _____

Amount Received: _____

Check/M.O.#: _____