

2022 INVOICE

COMPLETE BUSINESS INFORMATION SHEET ON REVERSE SIDE.

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

MARCH 1, 2022

| DESCRIPTION | | AMOUNT |
|--|------------------------|------------|
| Ordinance No. 981, as amended by Ordin | nance No. 2471 (2022): | |
| 2022 Business Priviles | ge Tax | |
| 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 – APRIL 1</u> If payment is not received within 30 days of due do | | |
| be due over the base ra | ite. | |
| If payment is not received within 120 days of due shall be due over the base | | |
| I,, (Print Name- Business Owner) hereby declare that the facts set forth herein are true and correct to the best of my knowledge, information, and belief. | | |
| Business Owner Signature (REQUIRED) | Date | |
| | TOTAL AMOUNT DUE: | |
| Please make checks payable to: Borough of One Vetera Carnegie, P | _ | |
| If you have any questions regarding this invoice, please contact: Carnegie Borough Administration (412) 276-1414 | | |

2022 BUSINESS & EMERGENCY CONTACT INFORMATION

| NAME OF BUSINESS:BUSINESS ADDRESS: | | |
|---|---|--|
| | | |
| TYPE OF BUSINESS: | | |
| NUMBER OF EMPLOYEES: | | |
| INVOICE ADDRESS: (If different than but | siness address): | |
| | | |
| BUSINESS TELEPHONE: | | |
| E-MAIL ADDRESS: | | |
| WEBSITE ADDRESS: | | |
| | Y CONTACT INFORMATION event of an after-hours emergency.) | |
| PRIMARY CONTACT: | | |
| TELEPHONE NUMBER: | | |
| SECONDARY CONTACT: | | |
| TELEPHONE NUMBER: | | |
| *********** | **************** | |
| OF | FICIAL USE ONLY | |
| Date Received: | Received By: | |
| Amount Received: | Check/M.O.#: | |