




2025 INVOICE

COMPLETE BUSINESS INFORMATION SHEET ON REVERSE SIDE.

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

JANUARY 13, 2025

DESCRIPTION	AMOUNT
<p style="text-align: center;">Ordinance No. 981, as amended by Ordinance No. 2471 (2022):</p> <p style="text-align: center;"><u>2025 Business Privilege Tax</u></p> <p>Small Business: (9 or fewer employees & self-employed) ... <u>\$350.00</u></p> <p>Medium Business: (10-19 employees) ... <u>\$700.00</u></p> <p>Large Business: (20 or more employees) ... <u>\$1,000.00</u></p> <p>Indicate Number of Employees: _____</p> <p style="text-align: center;"><u>DUE DATE – FEBRUARY 27, 2025</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, _____, (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></p> <p>_____</p> <p><i>Business Owner Signature (REQUIRED) Date</i></p>	<p style="text-align: center;">SCAN QR CODE TO PAY ONLINE OR MAIL CHECK</p> <p style="text-align: center;"><input type="checkbox"/> CHECK BOX IF PAYING ONLINE AND RETURNING INVOICE</p> <div style="text-align: center;">  </div>
TOTAL 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, please contact: Carnegie Borough Administration (412) 276-1414 Ext. 1421</p>	

2025 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.)

BUSINESS OWNER:

TELEPHONE NUMBER:

BUILDING OWNER:

TELEPHONE NUMBER:

Please check if all above information is current and correct.

CARNEGIE BOROUGH USE ONLY

Date Received: _____

Received By: _____

Amount Received: _____

Check/M.O.#: _____