



pennsylvania
DEPARTMENT OF REVENUE

ECONOMIC DEVELOPMENT COORDINATOR
11th FLOOR, STRAWBERRY SQUARE
HARRISBURG, PA 17128-1100

INFRASTRUCTURE AND FACILITIES IMPROVEMENT PROGRAM

PENNSYLVANIA STATE TAX INFORMATION ONLY

All grant recipients and project users must complete this report. The information collected will be used to measure aggregate tax remittances for site-specific locations to determine if future grant requests are reasonable.

START HERE – Please type or print in black ink.

1. Infrastructure and Facilities Improvement Program (IFIP) Project Information

Project Name:	IFIP Contract Number:
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Store Number:

2. Business Information

Name of Business:	Telephone Number:
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Address (IFIP Site-Specific Location):

City:	State:	ZIP Code:
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CEO/President:

3. Business Tax Information

Tax Period:	Entity Identification Number:
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PA Sales and Use Tax License Number:

PA Employer Withholding Tax Account Number:

4. Tax Report

Employer Withholding Statement

	PA Consolidated Employer Withholding:	Site-Specific Location Employer Withholding:
1 st Quarter:	\$	\$
2 nd Quarter:	\$	\$
3 rd Quarter:	\$	\$
4 th Quarter:	\$	\$
TOTAL:	\$	\$

Sales, Use & Hotel Occupancy Tax Statement

	PA Consolidated Sales, Use & Hotel Occupancy Tax Collected:	Site-Specific Location Sales, Use & Hotel Occupancy Tax Collected:
1 st Quarter:	\$	\$
2 nd Quarter:	\$	\$
3 rd Quarter:	\$	\$
4 th Quarter:	\$	\$
TOTAL:	\$	\$

Total Employer Withholding and Sales, Use & Hotel Occupancy Taxes Submitted for Site-Specific IFIP Location: \$

5. Notary

Subscribed and sworn to before me this _____ day of _____ in the year _____

I hereby affirm under penalties prescribed by law that this report (including any accompanying schedules and statements) has been examined by me, and to the best of my knowledge and belief is a true, correct and complete report.

Signature: _____

My Commission Expires on: _____

(Seal/Stamp)
