



Lancaster County Tax Collection Bureau

1845 William Penn Way, Lancaster, PA 17601

Phone (717) 569-4521

www.lctcb.org

Business Participation Affidavit

Business Name: _____

Primary Employee/Owner Name and Contact Number:

Individual responsible for Management and Direction of the Enterprise and average time spent per week: _____

Individual responsible for Marketing/Sales and average time spent per week:

Individual responsible for Production/Revenue Generation and average time spent per week:

Individual responsible for Purchasing/Payables/Accounting and average time spent per week:

Business Activity/Description (Including all relevant facts pertaining to the taxpayer's involvement):

Declaration:

Under penalties of perjury, I declare that I have examined the above information regarding participation in the named business activity and to the best of my knowledge and belief, it is true, correct and complete.

Taxpayer's Signature: _____

Date: _____