The City of Allentown has established a Neighborhood Improvement Zone (NIZ) in accordance with Act 50 of 2009 and Act 26 of 2011 and your business location is within the NIZ. Most state and local taxes collected from businesses located in and individuals working within the NIZ will be used to repay bonds issued by the Allentown Neighborhood Improvement Zone Development Authority to fund various economic development projects within the NIZ, including an arena.

Pennsylvania law requires all businesses within the NIZ to complete this report annually so that the local taxes may be transferred to the NIZ Fund established for the redevelopment projects.

All businesses within the NIZ must complete the report on an annual basis and the report must be received by the City of Allentown on or before Jan. 30, 2016, identifying the type and amount of all taxes remitted to the local tax collector during the previous calendar year (January 1, 2015 through December 31, 2015). Businesses within the NIZ must complete Pages 1 through 5. Please maintain evidence of timely filing.

Each business within the NIZ must use the schedules in this report to identify local taxes attributable to the location(s) within the NIZ. To determine taxes paid, the schedules require businesses to identify tax payments and tax refunds. **THE SCHEDULES MUST BE COMPLETED BASED ON PAYMENTS MADE IN 2015 (CASH BASIS PAYMENTS).**

For businesses whose only location is within the NIZ, the local tax amounts will be the same as the taxes attributable to the location within the NIZ.

Businesses must identify the total amount of local taxes paid for residents of the City of Allentown and also for residents of municipalities other than the City of Allentown with respect to local wage/earned income taxes withheld from or paid directly to employees working inside the NIZ.

Refund payments issued by the local taxing authority as the result of an overpayment, the submission of an amended tax return or a successful petition for refund must be documented on each schedule within the Report in columns C and D. Any businesses with more than one location within the NIZ must submit separate reports for each location within the NIZ, unless doing so would place undue burden upon the taxpayer.

**NOTE: Only local tax remittances should be recorded within the tax report. Do not include State tax information.**

The following businesses within the NIZ must complete this report:

- **NIZ Qualified Business:** Any sole proprietorship, corporation, limited liability company, partnership or association that conducts business or provides services within the borders of the NIZ.
- **Professional Sports Organization:** Any sole proprietorship, corporation, limited liability company, partnership or association that owns a professional sports franchise and conducts professional athletic events at the sports arena facility or facility complex within the NIZ zone.
- **Construction Contractors, Vendors and Concessionaires** and any such entities within the NIZ zone.

The completed report must be mailed to:
City of Allentown
Attention: Office of Finance Director
435 Hamilton St.
Allentown, PA 18101

Questions regarding the report may be directed to Office of the Finance Director at 610-437-7500.
1. Business Information

Legal Name: ____________________________________________

Doing Business As (DBA)/Trade Name: ________________________________

Address within the NIZ: ___________________________ City: __________ State: _____ ZIP Code: __________

Date business commenced operations in the NIZ: ____________________________

(If more than one business location or project within the NIZ, please identify additional locations on a separate sheet.)

Did the business cease operations? Yes: _____ No:______. If yes, indicated date business ceased (mm/dd/yyyy) ____________

2. Business Tax Account Information

Federal Employer PA Sales/Use Tax Identification Number: ________________ License Number: ________________

PA Employer Withholding PA Corporate Tax Account Number: ________________ Account Number: ________________

Allentown Business Account Number: ________________ Allentown Business License Number: ________________

3. Contact Information

All questions concerning this report should be directed to the following contacts:

Name: ___________________________________________ Title: ___________________________________________

Telephone: ___________________________ Email Address: ________________

Name: ___________________________________________ Title: ___________________________________________

Telephone: ___________________________ Email Address: ________________

4. Business Information

Describe the type of business, principal product or service and parent company, if any:

How many employees are working within the NIZ? ________________

5. Per Act 32, are you an employer that has elected to file a combined return? ___ (yes) ____ (no) If yes, please identify the County with whom you are filing and the identity of the local tax collector.
CITY OF ALLENTOWN - LOCAL NIZ REPORTING

2015

Employer Wage/Earned Income Tax Schedule

(Based on CASH BASIS payments made in 2015)

Employers with business locations within the NIZ must identify local wage and/or earned income taxes remitted to the local taxing authority which was withheld from compensation paid to employees at the business location(s) within the NIZ.

Businesses must identify the total amount of local taxes paid for residents of the City of Allentown and also for residents of municipalities other than the City of Allentown with respect to local wage/earned income taxes withheld from or paid directly to employees working inside the NIZ.

The total amount of local wage/earned income taxes withheld from or paid is to be listed in Column A.

The total amount of local wage/earned income taxes withheld from or paid to employees working inside the NIZ who are residents of the City of Allentown are to be listed in Column B.

The total amount of local wage/earned income taxes withheld from or paid to employees working inside the NIZ who are residents of municipalities other than the City of Allentown are to be listed in Column C (Columns A, B and C should reconciled with quarterly tax returns filed with Local Earned Income Tax Collector).

Businesses are encouraged to consult payroll providers and company accounting records to determine employer withholding paid to each local taxing authority and refunded during the calendar year.

Note: NIZ reporting for local wage/earned income taxes is based on where employee lives, not where they work.

<table>
<thead>
<tr>
<th>Tax Report</th>
<th>COLUMN A Total Payments made in 2015: Location(s) within NIZ</th>
<th>COLUMN B Total Payments made in 2015: Allentown Residents</th>
<th>COLUMN C Total Payments made in 2015: Non-Allentown Residents</th>
<th>COLUMN D Refunds received in 2015: Location(s) within NIZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Local Service Tax Schedule

(Based on CASH BASIS payments made in 2015)

Taxpayers must identify the Local Service Taxes remitted to the City of Allentown which were withheld from compensation paid to employees at business location(s) within the NIZ.

Note: NIZ reporting for Local Services Tax is based on where the employee works, not where they live.

<table>
<thead>
<tr>
<th>Tax Report (continued)</th>
<th>COLUMN A Total Payments made in 2015: Local Service Taxes Allentown Consolidated</th>
<th>COLUMN B Total Payments made in 2015: Local Service Taxes Location(s) within NIZ</th>
<th>COLUMN C Refunds received in 2015: Local Service Taxes Allentown Consolidated</th>
<th>COLUMN D Refunds received in 2015: Local Service Taxes Location(s) within NIZ</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Business Privilege Taxes

All businesses must identify business privilege tax payments and business license fees remitted to the City of Allentown.

<table>
<thead>
<tr>
<th>Tax Report (continued)</th>
<th>COLUMN A</th>
<th>COLUMN B</th>
<th>COLUMN C</th>
<th>COLUMN D</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Business Privilege Taxes Total Payments made in 2015: Allentown Consolidated</td>
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</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Business License Fees

Total Allentown Business License Fees Paid in 2015: $__________

Total Business Locations in the City of Allentown: ________________
Tax Remittance Summary – 2015

**Tax and Fee Remittance Summary**

Add all the Column A totals from each tax schedule to arrive at the sum of local taxes remitted to local taxing authorities by qualified businesses within the NIZ, and enter the figures below:

- $_________________ Column A - Employer Wage/Earned Income Tax Schedule
- $_________________ Column A - Local Service Tax
- $_________________ Column A - Business Privilege Tax
- $_________________ Column A - Total – All Tax Types

Add all the Column B totals from each tax schedule to arrive at the sum of local taxes remitted to location(s) within the NIZ, and enter the figures below:

- $_________________ Column B - Employer Wage/Earned Income Tax Schedule
- $_________________ Column B - Local Service Tax
- $_________________ Column B - Business Privilege Tax
- $_________________ Column B - Total – All Tax Types

Add all the Column D totals from each tax schedule to arrive at the sum of local taxes refunded to location(s) within the NIZ, and enter the figure below:

- $_________________ Column D - Employer Wage/Earned Income Tax Schedule
- $_________________ Column D - Local Service Tax
- $_________________ Column D - Business Privilege Tax
- $_________________ Column D - Total – All Tax Types

**Total Business Privilege License Fee (from Page 4):** $________________

**Taxpayer Affirmation**

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

Signature of authorized taxpayer: ___________________________ Print/Type preparer’s name: ___________________________

Preparer’s signature if different than the taxpayer: ___________________________ Date of Submission: ___________________

If you want to allow another person to discuss this report with the Department check here ________

Designee’s name: ___________________________ Designee’s phone number: ___________________________