2026 INVOICE

COMPLETE BUSINESS INFORMATION SHEET ON REVERSE SIDE.

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

JANUARY 21, 2026

DESCRIPTION	AMOUNT
Ordinance No. 981, as amended by Ordinance No. 2471 (2022):	
2026 Business Privilege 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:_____	
DUE DATE – MARCH 9, 2026	
*If payment is not received within **30 days** of due date, **an additional $50.00** shall be due over the base rate.*	
*If payment is not received within **120 days** of due date, **an additional $100.00** shall be due over the base rate.*	
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 Carnegie**
One Veterans Way
Carnegie, Pennsylvania 15106

If you have any questions regarding this invoice, please contact:
Carnegie Borough Administration
(412) 276-1414 Ext. 1421

2026 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.)

PRIMARY CONTACT:

TELEPHONE NUMBER / EMAIL:

BUILDING OWNER:

TELEPHONE NUMBER / EMAIL:

☐ ***Please check if all above information is current and correct.***

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CARNEGIE BOROUGH USE ONLY

Date Received: _____ Received By: _____

Amount Received: _____ Check/M.O.#: _____