

Make Checks Payable To:  
 eCollect+  
 804 Fayette Street  
 Conshohocken, PA 19428  
  
 (866) 225-0033

**PARKING  
 TAX  
 RETURN**  
 4th Quarter  
 2016

**CITY OF CHESTER  
 DELAWARE COUNTY, PENNSYLVANIA**  
  
 needhelp@e-collectplus.com

**IMPORTANT: This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties.**

BUSINESS NAME AND ADDRESS:

A. EIN:

B. DATE LOCAL OPERATION BEGAN:

**FOR OFFICE USE ONLY**

ACCOUNT NO: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
 LICENSE NO. ISSUED: \_\_\_\_\_  Check  Money Order

INDICATE TYPE OF BUSINESS:  New  Itinerant  Seasonal  
 Transient  Established

INDICATE INCOME BASE:  Estimated Business  Actual Business

C. NATURE OF BUSINESS:  Retail  Wholesale  Rental  Manufacturing\*  Service\*  Trade  Construction  Fabricating\*  Amusement  
 Other: \_\_\_\_\_ \*EXPLAIN METHODS USED ON REVERSE SIDE.

**PLEASE COMPLETE PROPER SECTION**

<b>PARKING TAX: CALCULATIONS</b>	<b>AMOUNT OF TAX DUE</b>
A. GROSS RECEIPTS FROM PARKING TRANSACTIONS _____	\$ _____
B. TAX RATE _____	15%
C. TOTAL PARKING TAX DUE (LIN A. x LINE B.) _____	\$ _____
TOTAL FROM LINE C. ABOVE _____	_____
PENALTY 50% (.5) OF TAX DUE _____	_____
INTEREST 10% (.010) PER ANNUM OF TAX DUE _____	_____
TOTAL AMOUNT DUE WITH RETURN _____	_____

**QUARTER: 4TH**

**YEAR: 2016**

**DUE DATE JANUARY 31, 2017**

**AFFIRMATION: I hereby certify under penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.**

Signature (X): \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of preparer (if other than taxpayer)  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Type or print

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.