

**MAKE CHECKS
PAYABLE TO »»»» ECOLLECT**

eCollect +
804 Fayette Street
Conshohocken, PA 19428

**ANNUAL MERCANTILE AND
BUSINESS PRIVILEGE TAX
RETURN 2018**

HANOVER TOWNSHIP - 400402

**LUZERNE COUNTY, PENNSYLVANIA
DUE DATE: 4/15/18**



needhelp@e-collectplus.com

Phone: (866) 225-0033

EIN or SSN:

Please correct any error in name, address, or district

No authority is given by insurance of this License/Permit for any activity forbidden by zoning regulations or law

Attach copies of federal tax returns, schedules, or worksheets to support gross volume of business reported and all claimed exclusions or exemptions. Tax return not considered complete unless such documentation is attached. Under Act 50 you are entitled to a written explanation of your rights pertaining to the audit, appeal enforcement, refund and collection of local taxes by calling the Township during regular business hours.

A.	FINAL BP / MERC TAX RETURN	2017 TAX YEAR				AMOUNT OF TAX DUE
		GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	
1.	MERC: RETAIL BUSINESS				0.0015	
2.	MERC: WHOLESALE BUSINESS				0.0010	
3.	BP: SERVICE/RENTAL				0.0015	
	TOTAL A (Sum of lines 1, 2, and 3)					
B. PENALTY AND INTEREST						
	INTEREST 1.5% PER MONTH OF TAX DUE					
	PENALTY 10% OF TAX DUE					
	OTHER (FINES, COSTS, ETC.)					
	TOTAL B					
C. TOTAL OF LINES A AND B		PAYMENT <input type="checkbox"/>		REFUND <input type="checkbox"/>		CREDIT <input type="checkbox"/>

COMPUTATION OF GROSS VOLUME OF BUSINESS

- A. If business commenced a full year (Jan. to Dec.) prior to current tax year, use the total gross volume of business transacted during that period multiplied by the applicable tax rate.
- B. If business commenced after Jan. 1 of the prior tax year, indicate starting date (_____) and multiply first month's gross volume of business (\$ _____) by 12.
- C. If business commenced subsequent to Jan. 1 of the current year, indicate starting date (_____) and multiply your first month's gross volume of business (\$ _____) by the number of months remaining in the current tax year (_____), include fractional months.
- D. If Temporary, Seasonal, or Itinerant, report actual income within seven (7) days of completion.

AFFIRMATION: I hereby certify under the 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, his declaration is based on all the information of which he has any knowledge.

SIGNATURE (X) _____ DATE _____ PRINT NAME _____

SIGNATURE OF PERSON PREPARING THE RETURN (IF OTHER THAN THE ABOVE) PHONE (_____) _____