


Make Checks Payable To: ECOLLECT 804 FAYETTE STREET CONSHOHOCKEN, PA 19428 (866) 225-0033	BUSINESS PRIVILEGE AND MERCANTILE TAX RECONCILIATION 2014	MEDIA BOROUGH DELAWARE COUNTY, PENNSYLVANIA  APRIL 30, 2015
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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. All businesses must provide Schedule C's and/or other appropriate Federal Schedules. Explain fully any differences between the gross volume on reverse.

OWNERSHIP BUSINESS NAME AND ADDRESS:	FOR OFFICIAL USE ONLY
	ACCOUNT NO: _____ RECEIVED BY: _____ DATE RECEIVED: _____ <input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Money Order
	2. FEDERAL EIN: _____

1. Actual RETAIL sales:	
2. Less non-taxable income (explain on reverse side):	
3. Total RETAIL tax due (line 1 - line 2) x .00075:	
4. Less RETAIL payments for 2014 (exclude penalty and interest paid):	
5. Amount of underpayment/overpayment:	
6. Actual WHOLESale sales:	
7. Less non-taxable income (explain on reverse side):	
8. Total WHOLESale tax due (line 6 - line 7) x .00075:	
9. Less WHOLESale payments for 2014 (exclude penalty and interest paid):	
10. Amount of underpayment/overpayment:	
11. Actual SERVICE (INCLUDING RENTAL) BUSINESS gross receipts:	
12. Less non-taxable income (explain on reverse side):	
13. Total SERVICE (INCLUDING RENTAL) BUSINESS tax due (line 11 - line 12) x .0015:	
14. Less SERVICE (INCLUDING RENTAL) BUSINESS payments for 2014 (exclude penalty and interest paid):	
15. Amount of underpayment/overpayment:	

TOTAL TAX PAYABLE (sum of lines 3, 8 and 13):	
LESS: (a) TAX PAID (sum of lines 4, 9 and 14) \$ _____ (b) REGISTRATION FEE PAID FOR CALENDAR YEAR \$ _____	

TOTAL UNDERPAYMENT/OVERPAYMENT (Overpayments will be applied to 2015 tax):

SERVICE / RENTAL:	PENALTY 10% (.1) OF TAX DUE INTEREST 1.25% (.0125) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT
RETAIL / WHOLESale:	PENALTY 10% (.1) OF TAX DUE INTEREST 1.25% (.0125) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT

OTHER (Fines, Costs, Etc.) **OFFICE USE ONLY:**

TOTAL PAYMENT DUE:

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): _____ Signature of preparer (if other than tax payer) Name: _____ Type or print		Date: _____ Date: _____ Title: _____ Phone: _____
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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.