

Make Checks Payable To:
 ECOLLECT
 804 FAYETTE STREET
 CONSHOHOCKEN, PA 19428
 (866) 225-0033

**3RD QUARTER
 BUSINESS
 PRIVILEGE AND
 MERCANTILE
 TAX RETURN
 2019**

MEDIA BOROUGH
 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. 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: _____ | |
| | LICENSE NO. ISSUED: _____ | <input type="checkbox"/> Check | <input type="checkbox"/> Money Order |
| | INDICATE TYPE OF BUSINESS: | <input type="checkbox"/> New | <input type="checkbox"/> Itinerant |
| A. EIN: | <input type="checkbox"/> Transient | <input type="checkbox"/> Established | |
| B. DATE LOCAL OPERATION BEGAN: | INDICATE INCOME BASE: | | |
| | <input type="checkbox"/> Estimated Business | <input type="checkbox"/> Actual Business | |
| C. NATURE OF BUSINESS: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Rental <input type="checkbox"/> Manufacturing* <input type="checkbox"/> Service* <input type="checkbox"/> Trade <input type="checkbox"/> Construction <input type="checkbox"/> Fabricating* <input type="checkbox"/> Amusement <input type="checkbox"/> Other: _____ | | | |
| *EXPLAIN METHODS USED ON REVERSE SIDE. | | | |

PLEASE COMPLETE PROPER SECTION

| MERCANTILE TAX | | GROSS VOLUME OF BUSINESS | | TAX RATE | AMOUNT OF TAX DUE |
|---------------------|---|--------------------------|---|----------|-------------------|
| RETAIL BUSINESS: | 1. TAX LICENSE (FOR EACH PLACE OF BUSINESS) | | X | .00075 | |
| | | PER YEAR | | \$50.00 | |
| WHOLESALE BUSINESS: | 2. TAX LICENSE (FOR EACH PLACE OF BUSINESS) | | X | .00075 | |
| | | PER YEAR | | \$50.00 | |

TOTAL TAX DUE (Total of 1 and 2) _____

PENALTY 10% (.1) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT

INTEREST 1.25% (.0125) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT

3. TOTAL MERCANTILE PAYMENT DUE _____

| BUSINESS PRIVILEGE TAX | | GROSS VOLUME OF BUSINESS | | TAX RATE | AMOUNT OF TAX DUE |
|---|---|--------------------------|---|----------|-------------------|
| SERVICE: (Include Rental Business) | 4. TAX | | X | .00150 | |
| | 5. LICENSE (FOR EACH PLACE OF BUSINESS) | PER YEAR | | \$ 50.00 | |
| A SEPERATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS. NOTE: A fee of \$10.00 will be charged for replacement of any license lost or destroyed. License must be posted conspicuously at all times. New, seasonal, transient or itinerant business must secure license before commencing business and provide adequate cash bond as determined by the tax office. | | | X | | |

TOTAL TAX DUE (Total of 4 and 5) _____

PENALTY 10% (.1) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT

INTEREST 1.25% (.0125) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT

6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE _____

TOTAL PAYMENT DUE ▶ October 31, 2019 (Total of 3 and 6)

3rd QTR – 2019 July-September DUE DATE → October 31, 2019

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

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.