Make Checks Payable To:
ECOLLECT

804 FAYETTE STREET CONSHOHOCKEN, PA 19428 4TH QUARTER BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN 2019

MEDIA BOROUGH DELAWARE COUNTY, PENNSYLVANIA



(866) 225-0033

IMPORTANT: This return must provide Schedule C's and/or of						
OWNERSHIP BUSINESS NAME AND ADDRESS:		FOR OFFICIAL USE ONLY				
		ACCOUNT NO: RECEIVED BY:				
		LICENSE NO. ISSUED:		_	Check Money Order	
		INDICATE TYPE OF	New		Itinerant	Seasonal
		INDICATE TYPE OF BUSINESS:	Transient		Established	
A. EIN:		INDICATE INCOME	I lestimated Rusiness			Actual Business
		BASE:			Actual Business	
B. DATE LOCAL OPERATION BEGAN:						
C. NATURE OF BUSINESS:	Retail Wholesale Other:	Rental Manufacturing	Manufacturing*Service*TradeConstructionFabricating*Amusement *EXPLAIN METHODS USED ON REVERSE SIDE.			
PLEASE COMPLETE PROPER SECTION						
	MERCANTILE TAX		GROSS VOLU BUSINE		TAX RATE	AMOUNT OF TAX DUE
RETAIL BUSINE	SS: 1. TAX		PER YEAR	Х	.00075	
	LICENSE (FOR EACH	NSE (FOR EACH PLACE OF BUSINESS)		Х	\$50.00 .00075	
WHOLESALE BUSINE	SS:	PLACE OF BUSINESS)	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 PAYME	NT DUE					→
BUSINESS PRIVILEGE TAX		GROSS VOLUME OF TAX RATE BUSINESS		TAX RATE	AMOUNT OF TAX DUE	
SERVICE: 4. TAX				Х	.00150	
(Include Rental Business)	,	CH PLACE OF BUSINESS)	PER YEAR		\$ 50.00	
A SEPERATE LICENSE IS NECESSARY be charged for replacement of any		·		Х		
conspicuously at all times. New, sea before commencing business and p						
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 January 31, 2020			(Total of 3 and 6)			
4 th QTR – 2019 Oct-De	С		DUE DATE	→ Ja	anuary 31, 202	0
AFFIRMATION: I hereby certify und correct and complete. If this return				-		est of my knowledge and belief true, any knowledge.
			_			- · · · · · · · · · · · · · · · · · · ·
Signature (x):		Date:				
	Signature of preparer (if other	than tay navorl	Date:			
	Signature of preparer (if other	tiiaii tax payer)				
Name:	Type or print		Title:		Pho	one:
YOU ARE ENTITLED TO REC	CEIVE A WRITTEN EXPLANATI	ON OF YOUR RIGHTS REGARDI				OU MAY OBTAIN A COPY OF THE HEREON.