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C/O e-Collect
804 Fayette Street
Conshohocken, PA 19428

ANNUAL MERCANTILE AND BUSINESS PRIVILEGE TAX RETURN 2017

BOROUGH OF NARBERTH - 460702

MONTGOMERY COUNTY, PENNSYLVANIA
DUE DATE: June 30, 2017

e-Collect+

needhelp@e-collectplus.com
Phone: (866) 225-0033 x 711

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. Include your EIN or SSN in the box above. 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.

A.	**FINAL BP/MERC TAX RETURN**	**2016 TAX YEAR**				
		GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1.	MERC: RETAIL BUSINESS				0.0015	
2.	MERC: WHOLESALE BUSINESS				0.0015	
3.	BP: SERVICE/RENTAL				0.0015	
	TOTAL A (Sum of lines 1, 2, and 3)					
B.	**PENALTY AND INTEREST**					
	INTEREST 1/2% PER MONTH OF TAX DUE					
	PENALTY 1/2% PER MONTH OF TAX DUE					
	OTHER (FINES, COSTS, ETC.)					
	TOTAL B					
C.	**TOTAL OF LINES A AND B** **PAYMENT** ☐ **REFUND** ☐ **CREDIT** ☐					

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 _____

_____ PHONE (_____) _____

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