

MAKE CHECKS

PAYABLE TO »»»» E-COLLECT

C/O e-CollectPlus, LLC
 804 FAYETTE STREET
 CONSHOHOCKEN, PA 19428

Due 3/15/16

**2016 MERCANTILE TAX
 RETURN**

**PITSTON TOWNSHIP - 400807
 LUZERNE COUNTY, PENNSYLVANIA**



(866)-225-0033 ext 715
 needhelp@e-collectplus.com

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 MERCANTILE TAX RETURN		2015 TAX YEAR			
	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1.	RETAIL BUSINESS			0.001500	
2.	WHOLESALE BUSINESS			0.001000	
	TOTAL A (Sum of lines 1 and 2)				
B. PENALTY AND INTEREST					
1.	RETAIL/WHOLESALE	INTEREST 6% OF TAX DUE			
		PENALTY 1% PER MONTH OF TAX DUE			
2.	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 (_____) _____