

e-Collect+, LLC
 804 Fayette Street
 CONSHOHOCKEN, PA 19428

**MAKE CHECKS
 PAYABLE TO »»» PITTSTON TOWNSHIP
 ANNUAL MERCANTILE AND
 BUSINESS PRIVILEGE TAX
 RETURN 2015**

PITTSTON TOWNSHIP - 400807

**LUZERNE COUNTY, PENNSYLVANIA
 DUE DATE: March 16, 2015**



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 is not considered complete unless such documentation is attached. Please include your EIN or SSN in the block above.

A. FINAL BP / MERC TAX RETURN		2014 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					
INTEREST 6% PER ANNUM OF TAX DUE					
PENALTY 1% PER MONTH OF TAX DUE					
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 (_____) _____