Make Checks Payable To:

ECOLLECT
PO BOX 3
WILKES-BARRE, PA 18703

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BUSINESS PRIVILEGE AND MERCANTILE TAX RECONCILIATION

2015

MEDIA BOROUGH
DELAWARE COUNTY, PENNSYLVANIA
APRIL 30, 2016

e·collect+

All Businesses must provide schedule C's or other appropriate state schedules for base year in order to substantiate income. Explain fully any differences between gross volume on reverse side.

OWNERSHIP	FOR OFFICE USE ONLY
1. BUSINESS NAME AND ADDRESS:	**AMOUNT PAID:** _____ **RECEIVED BY:** _____ **DATE RECEIVED:** _____ ☐ **Check** ☐ **Cash** ☐ **Money Order** Please include EIN or SSN below:

1. Actual RETAIL sales:	
2. Less non-taxable income (explain on reverse side):	
3. Total RETAIL tax due ((line 1 - line 2) x .00075):	
4. Less RETAIL payments for 2015 (exclude penalty and interest paid):	
5. Amount of underpayment / overpayment:	
6. Actual WHOLESALE sales:	
7. Less non-taxable income (explain on reverse side):	
8. Total WHOLESALE tax due ((line 6 - line 7) x .00075):	
9. Less WHOLESALE payments for 2015 (exclude penalty and interest paid):	
10. Amount of underpayment / overpayment:	
11. Actual SERVICE (INCLUDING RENTAL) BUSINESS gross receipts:	
12. Less non-taxable income (explain on reverse side):	
13. Total SERVICE (INCLUDING RENTAL) BUSINESS tax due ((line 11 - line 12) x .0015):	
14. Less SERVICE (INCLUDING RENTAL) BUSINESS payments for 2015 (exclude penalty and interest paid):	
15. Amount of underpayment / overpayment:	
TOTAL TAX PAYABLE (sum of lines 3, 8 and 13):	
LESS: (a) TAX PAID (sum of lines 4, 9 and 14) $ _____ (b) REGISTRATION FEE PAID FOR CALENDAR YEAR $ _____	
TOTAL UNDERPAYMENT / OVERPAYMENT (Overpayments will be applied to 2015 tax):	
SERVICE / RENTAL: **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	
RETAIL / WHOLESALE **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	
OTHER (Fines, Costs, Etc.)	
TOTAL PAYMENT DUE:	

CERTIFICATION

I hereby certify under the penalties of law that all statements made hereon are to the best of my knowledge and belief, true, correct and complete. If this form is being prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): _____ **Date:** _____

_____ **Date:** _____
Signature of preparer (if other than taxpayer)

Name: _____ **Title:** _____ **Phone:** _____
Type or print

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.