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 ECOLLECT
 804 FAYETTE STREET
 CONSHOHOCKEN, PA 19428

 (866) 225-0033 ext 711

**QUARTERLY
 BUSINESS
 PRIVILEGE AND
 MERCANTILE
 TAX RETURN
 2017**

**MEDIA BOROUGH
 DELAWARE COUNTY, PENNSYLVANIA**



needhelp@e-collectplus.com

IMPORTANT: This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties. All businesses must provide Schedule C's and/or other appropriate Federal Schedules. Explain fully any differences between the gross volume on reverse.

OWNERSHIP

BUSINESS NAME AND ADDRESS:

A. EIN:

B. DATE LOCAL OPERATION BEGAN:

FOR OFFICE USE ONLY

ACCOUNT NO: _____ RECEIVED BY: _____
 LICENSE NO. ISSUED: _____ Check Money Order

INDICATE TYPE OF BUSINESS: New Itinerant Seasonal
 Transient Established

INDICATE INCOME BASE: Estimated Business Actual Business

C. NATURE OF BUSINESS: Retail Wholesale Rental Manufacturing* Service* Trade Construction Fabricating* Amusement
 Other: _____ *EXPLAIN METHODS USED ON REVERSE SIDE.

PLEASE COMPLETE PROPER SECTION

MERCANTILE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
RETAIL BUSINESS: 1. TAX	X	.00075	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 50.00	
WHOLESALE BUSINESS: 2. TAX	X	.00075	
LICENSE (FOR EACH 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 PAYMENT DUE _____			
BUSINESS PRIVILEGE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
SERVICE 4. TAX	X	.00150	
(include Rental Business) 5. LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 50.00	
A SEPARATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS. NOTE: A fee of \$10.00 will be charged for replacement of any license lost or destroyed. License must be posted conspicuously at all times. New, seasonal, transient or itinerant business must secure license before commencing business and provide adequate cash bond as determined by the tax office.			
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	July 31, 2016		(Total of 3 and 6)

4th QTR - 2017

Oct-Dec

DUE DATE -----> January 31, 2018

AFFIRMATION: I hereby certify under 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, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): _____ Date: _____

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

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.