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 Conshohocken, PA 19428

DUE DATE 3/31/21

BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN
 BOROUGH OF FOLCROFT - 231103
 DELAWARE COUNTY, PENNSYLVANIA

Business name: _____

Address: _____

City, State, Zip: _____

EIN or SSN: _____

Please correct any error in name, address, or district.



Municipal Collections and Audit

(866)-225-0033

needhelp@ecollectplus.com

The first \$25,000 of gross volume is exempt from this tax.

FEIN NUMBER: _____

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. **Attach copies of federal tax returns, schedules, or worksheets to support gross volume of business reported and all claimed exclusions or exemptions. The tax return not considered complete unless such documentation is attached.**

A. LICENSE AND REGISTRATION FEE		TAX YEAR 2021			
(A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION)	1. LICENSE FEE				50.00
TOTAL A (Sum of lines 1, 2, 3 and 4)					
B. ESTIMATED BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN		TAX YEAR 2021			
SECTION B: ESTIMATED TAX, BUSINESS PRIVILEGE AND/OR MERCANTILE TAX RETURN	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1. SERVICES				0.001	
2. RENTALS				0.001	
3. RETAIL BUSINESS				0.001	
4. WHOLESALE BUSINESS				0.0005	
TOTAL C (Sum of lines 1, 2, 3 and 4)					
C. FINAL BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN		TAX YEAR 2020			
SECTION C: FINAL TAX BUSINESS PRIVILEGE	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1. SERVICES				0.001	
2. RENTALS				0.001	
3. RETAIL BUSINESS				0.001	
4. WHOLESALE BUSINESS				0.0005	
TOTAL C (Sum of lines 1, 2, 3 and 4)					
D. LICENSE AND TAX DUE					
1. TOTAL LICENSE AND TAX PAYABLE (Sum of lines A, B and C)					
2. LESS TAX PAID IN ADVANCE (Estimated tax payment)					
TOTAL D (Line D1 minus (-) D2)					
E. PENALTY AND INTEREST					
1. PENALTY @ 5% OF TAX DUE					
2. INTEREST @ 1% PER MONTH OF TAX DUE					
3. OTHER (FINES, COSTS, ETC.)					
TOTAL E (Sum of lines E1, E2, and E3)		*Check or money order only			
F. TOTAL OF LINES D AND E		<input checked="" type="checkbox"/> APPROPRIATE BOX <input type="checkbox"/> PAYMENT <input type="checkbox"/> REFUND <input type="checkbox"/> 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) _____ Print Name _____ Date _____

Signature of person preparing the return (if other than the above) _____ Phone _____

RETURN THIS FORM WITH PAYMENT AND SUPPORTING DOCUMENTATION