

Make checks payable to:
eCollect+
804 Fayette Street
Conshohocken, PA 19428
Please provide individual checks for each Municipality.

Business name: _____
Address: _____
City, State, Zip: _____
EIN or SSN: _____
Please correct any error in name, address, or district.

DUE DATE 5/15/25
BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN
CITY OF MCKEESPORT/MCKEESPORT
SCHOOL DISTRICT-720402
ALLEGHENY COUNTY, PENNSYLVANIA



Maximum Retail Gross Volume Capped @ 12,000,000
Maximum Retail Tax Due: \$18,000

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. Include your EIN or SSN in the box above. Taxpayers are entitled to receive a written explanation of their rights pertaining to the audit, appeal enforcement, refund and collection of local taxes by calling the political subdivision to which these taxes apply during regular business hours.

A. TAX YEAR 2024					
	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1. (2024 Receipts): RETAIL BUSINESS				0.0015	
2. (2024 Receipts): WHOLESALE BUSINESS				0.001	
3. (2024 Receipts): SERVICE/RENTAL				0.008	
TOTAL A (Sum of license & lines 1, 2, and 3)					
B. PENALTY AND INTEREST					
	PENALTY @ 10% OF TAX DUE				
	INTEREST @1% PER MONTH OF TAX DUE				
	*Check or money order only				
C. TOTAL OF LINES A AND B					
CHECK 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