

<b>Make Checks Payable To:</b> ECOLLECT 804 FAYETTE STREET CONSHOHOCKEN, PA 19428  (866) 225-0033		<b>BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN 2nd QUARTER 2025</b>  <b>PSD Code: 231002</b>		<b>MEDIA BOROUGH DELAWARE COUNTY, PENNSYLVANIA</b>  <b>e•collect+</b> needhelp@e-collectplus.com	
<b>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.</b>					
<b>OWNERSHIP BUSINESS NAME AND ADDRESS:</b>		<b>FOR OFFICIAL USE ONLY</b>			
		ACCOUNT NO: _____		RECEIVED BY: _____	
		LICENSE NO. ISSUED: _____		<input type="checkbox"/> Check <input type="checkbox"/> Money Order	
		INDICATE TYPE OF BUSINESS: <input type="checkbox"/> New <input type="checkbox"/> Itinerant <input type="checkbox"/> Seasonal <input type="checkbox"/> Transient <input type="checkbox"/> Established			
A. EIN: _____		INDICATE INCOME BASE: <input type="checkbox"/> Estimated Business <input type="checkbox"/> Actual Business			
B. DATE LOCAL OPERATION BEGAN: _____					
C. NATURE OF BUSINESS: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Rental <input type="checkbox"/> Manufacturing* <input type="checkbox"/> Service* <input type="checkbox"/> Trade <input type="checkbox"/> Construction <input type="checkbox"/> Fabricating* <input type="checkbox"/> Amusement <input type="checkbox"/> Other: _____ *EXPLAIN METHODS USED ON REVERSE SIDE.					
PLEASE COMPLETE PROPER SECTION					
<b>MERCANTILE TAX</b>		<b>GROSS VOLUME OF BUSINESS</b>		<b>TAX RATE</b>	<b>AMOUNT OF TAX DUE</b>
RETAIL BUSINESS:	1. TAX LICENSE (FOR EACH PLACE OF BUSINESS)		X	.00075	
		PER YEAR		\$100.00	
WHOLESALE BUSINESS:	2. TAX LICENSE (FOR EACH PLACE OF BUSINESS)		X	.00075	
		PER YEAR		\$100.00	
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 _____					
<b>BUSINESS PRIVILEGE TAX</b>		<b>GROSS VOLUME OF BUSINESS</b>		<b>TAX RATE</b>	<b>AMOUNT OF TAX DUE</b>
SERVICE: (Include Rental Business)	4. TAX		X	.00150	
	5. LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR		\$ 100.00	
A SEPERATE 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.			X		
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 <input type="checkbox"/> July 31, 2025 (Total of 3 and 6)					
<b>2<sup>nd</sup> QTR – 2025 April-June</b> <b>DUE DATE</b> <input type="checkbox"/> July 31, 2025					
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): _____  Signature of preparer (if other than tax payer)  Name: _____ Type or print		Date: _____  Date: _____  Title: _____ Phone: _____			
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.					