Make Checks Payable To: ECOLLECT 804 FAYETTE STREET CONSHOHOCKEN, PA 19428 (866) 225-0033	**BUSINESS PRIVILEGE AND MERCANTILE TAX RECONCILIATION 2016**	MEDIA BOROUGH DELAWARE COUNTY, PENNSYLVANIA e·collect APRIL 30, 2017

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:**	FOR OFFICIAL USE ONLY ACCOUNT NO: _____ RECEIVED BY: _____ DATE RECEIVED: _____ ☐ Check ☐ Cash ☐ Money Order 2. FEDERAL EIN:

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 2016 (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 2016 (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 2016 (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 2017 tax):	
SERVICE / RENTAL:	PENALTY 10% (.1) OF TAX DUE INTEREST 1.25% (.0125) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT
RETAIL / WHOLESALE:	PENALTY 10% (.1) OF TAX DUE INTEREST 1.25% (.0125) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT
OTHER (Fines, Costs, Etc.) **OFFICE USE ONLY**:	
TOTAL PAYMENT DUE:	

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 tax payer)	Date: _____
Name:	_____ Type or print	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.