Make Checks Payable To: ECOLLECT 804 FAYETTE STREET CONSHOHOCKEN, PA 19428 (866) 225-0033 IMPORTANT: This return must be filed with full remittand provide Schedule C's and/or other appropriate Federal S OWNERSHIP BUSINESS NAME AND ADDRESS:		Chedules. Explain fully any differences between the FOR OF ACCOUNT NO: LICENSE NO. ISSUED: INDICATE TYPE OF		een the gro OFFICI	MEDIA BOROUGH DELAWARE COUNTY, PENNSYLVANIA CONTRACTOR CONTRACTOR		
A. EIN:		BUSINESS: INDICATE INCOME BASE:	Estimated Bus	iness	Established	Actual Business	
B. DATE LOCAL OPERATION BEGAN							
C. NATURE OF BUSINESS: Other:							
MERCANTILE TAX			GROSS VOLU BUSINES		TAX RATE	AMOUNT OF TAX DUE	
RETAIL BUSINESS:	1. TAX			Х	.00075		
	LICENSE (FOR EACH	PLACE OF BUSINESS)	PER YEAR	х	\$50.00		
WHOLESALE BUSINESS: 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		TAX RATE	AMOUNT OF TAX DUE		
SERVICE:	4. TAX			Х	.00150		
(Include Rental Business) 5. LICENSE (FOR EACH PLACE OF BUSINE A SEPERATE LICENSE IS NECESSARY FOR EACH PLACE OF BUSINESS. NOTE: A fee of \$10.0			PER YEAR		\$ 50.00		
be charged for replacement of any licens conspicuously at all times. New, seasona before commencing business and provid	se must be posted usiness must secure license		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 April 30, 2016			(Total of 3 and 6)				
1 st QTR – 2016 January-March DUE DATE — April 30, 2016							
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:	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.							