

<b>Make Checks Payable To:</b> ECOLLECT 804 FAYETTE STREET CONSHOHOCKEN, PA 19428  (866) 225-0033	<b>BUSINESS PRIVILEGE AND          MERCANTILE TAX RETURN</b> <b>4th QUARTER 2022</b>  <b>PSD Code: 231002</b>	MEDIA BOROUGH DELAWARE COUNTY, PENNSYLVANIA  needhelp@e-collectplus.com
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**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>OWNERSHIP</b> <b>BUSINESS NAME AND ADDRESS:</b>   A. EIN: _____  B. DATE LOCAL OPERATION BEGAN: _____	<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 INDICATE INCOME BASE: <input type="checkbox"/> Estimated Business <input type="checkbox"/> Actual Business
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: _____ <span style="float: right;">*EXPLAIN METHODS USED ON REVERSE SIDE.</span>	

**PLEASE COMPLETE PROPER SECTION**

	MERCANTILE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
RETAIL BUSINESS:	1. TAX LICENSE (FOR EACH PLACE OF BUSINESS)	X	.00075	
	PER YEAR		\$50.00	
WHOLESALE BUSINESS:	2. TAX LICENSE (FOR EACH PLACE OF BUSINESS)	X	.00075	
	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	AMOUNT OF TAX DUE
SERVICE: (Include Rental Business)	4. TAX 5. LICENSE (FOR EACH PLACE OF BUSINESS)	X	.00150	
	PER YEAR		\$ 50.00	
<small>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.</small>		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 ▶ January 31, 2023 (Total of 3 and 6)

**4<sup>th</sup> QTR – 2022 Oct-Dec** **DUE DATE** —▶ **January 31, 2023**

**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): _____  Name: _____ <small>Type or print</small>	Signature of preparer (if other than tax payer) _____	Date: _____ Date: _____ Title: _____ Phone: _____
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**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.**