

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 5/1/19
 BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN
 WHITEMARSH TOWNSHIP - 460403
 MONTGOMERY COUNTY, PENNSYLVANIA



Municipal Collections and Audit
 (866)-225-0033
needhelp@ecollectplus.com

No authority is given by issuance of this License/Permit for any activity forbidden by zoning regulations.

No extension of payment granted.

Under Act 50 you are entitled to a written explanation of your rights pertaining to the audit, appeal enforcement, refund and collection of local taxes by calling the Township during regular business hours.

A. LICENSE AND REGISTRATION FEE		TAX YEAR 2019			
(A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION) DUE DATE: 5/1/19		1. LICENSE FEE			10.00
TOTAL A (Sum of lines 1, 2, 3 and 4)					
B. ESTIMATED BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN		TAX YEAR 2019			
	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1. SERVICES				0.0015	
2. RENTALS				0.0015	
3. RETAIL BUSINESS				0.0015	
4. WHOLESALE BUSINESS				0.001	
TOTAL C (Sum of lines 1, 2, 3 and 4)					
C. FINAL BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN		TAX YEAR 2018			
	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1. SERVICES				0.0015	
2. RENTALS				0.0015	
3. RETAIL BUSINESS				0.0015	
4. WHOLESALE BUSINESS				0.001	
TOTAL C (Sum of lines 1, 2, 3 and 4)					
D. LICENSE AND TAX DUE					
1. TOTAL LICENSE AND TAX PAYABLE (Sum of lines A, B and C)					
2. LESS TAX PAID IN ADVANCE (Estimated tax payment)					
TOTAL D (Line D1 minus (-) D2)					
E. PENALTY AND INTEREST					
1. PENALTY 10% (.1) OF TAX DUE					
2. INTEREST @ 1.5% PER MONTH OF TAX DUE					
3. OTHER (FINES, COSTS, ETC.)					
TOTAL E (Sum of lines E1, E2, and E3)		*Check or money order only			
F. TOTAL OF LINES D AND E		<input checked="" type="checkbox"/> 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