READ INSTRUCTIONS ON T	HE BACK E	<u> SEFORE</u>	COMP	LETING FORM		
2019		OFFICIAL USE ONLY				
BOROUGH OF						
WEST CONSHOHOCKEN  MERCANTILE TAX RETURN		DATE RE	C'D	AMT REC'D		
FINAL RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2019		DATERE	.00	AWIT NEOD	-	
ESTIMATED RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2020			10	BATCH NO		
Due Date March 31, 2020						
	INESS ACCOUNT			=:N/00N		
BUSINESS LOCATION:				EIN/SSN:		
			IOINICOO	IF MOVED, WHERE?		
DID YOU TERMINATE / MOVE THIS BUSINESS   □ YES □ NO □ MOVED DATE:				IF MOVED, WI	HEKE!	
	ON-PROFIT - MANU		,,,,,			
ENTER WHOLE DOLLAR AMO	LINTS ONLY			DOLLARS	NO CENTS	
A return must be filed even if you have no gro				DOLL/ (IXO	OLIVIO	
Sales or Gross Receipts (January to December only)				1.	00	
2. Exclusions (Must attach written proof)				2.	00	
3. Taxable Gross Receipts (Line 1 Less Line 2)			3.	00		
FINAL RETURN FOR YEAR ENDED DECEMBER 31, 2019	019 RECEIPTS FROM LINE ABOVE			TAX COMPUTATIONS	S	
4. Wholesale	4.		x .001	4.	00	
5. Retail	5.		x .0015	5.	00	
6.Service	6.		N/A	6. XXXXX	00	
7. Rental / Other Income	7.		N/A	7. XXXXX	00	
8. Total (add Lines 4 & 5)	8.			8.	00	
9. Deduct 2019 Estimated Tax (Paid with 2018 Return)				9.	00	
10. Total Tax Due, or Credit (Line 8 Less Line 9)				10.	00	
ESTIMATED TAX RETURN FOR YEAR ENDING DECEMBER 31, 20	20					
11. 2020 Estimated Tax (Must use amount shown on Line 8)				11.	00	
TOTAL TAX DUE IF PAID BY MARCH 31, 2020						
12. Add Line 10 and Line 11				12.	00	
PENALTY AND INTEREST IF TAX PAID AFTER MARCH 31, 2020 13. Add: 10% Penalty if paid after March 31, 2020 (multiply Line 12 x	10%)			13.	00	
14. Add: 1% Interest per month or part thereof (multiply Line 12 x 1% x No. of months)			14.	00		
15. TOTAL TAX, PENALTY AND INTEREST (Add Lines 12,13, & 14)				15.	00	
LICENSE FEE				13.	00	
16. Annual License Fee (a separate License is required for each location, <b>\$10 per location</b> )				16. 10 x =	00	
17. Total Amount Due (Add Lines 15 & 16)				17.	00	
Any Work Papers containing calculations used to determine	Gross Receipts and	d copies of Fe	deral Returi	ns shall be attached to this	return.	
Tax return will not be considered complete unless such doc	uments are attached					
Make Check Payable to: WEST CONSHOHOCKEN BOROUGH	CORDS	Mail Return a	and Paymen	t to: TRI-STATE FINANCIAL	GROUP	
SEND ORIGINAL WITH PAYMENT - MAKE A COPY FOR YOUR RECORDS PO BOX 38						

I declare under penalty of law that all statements made here and/or in supporting schedules are true, correct and complete to the best of my knowledge and belief.

**BRIDGEPORT, PA 19405** 

610-270-9520

Print Name	Telephone Number
Signature	Date
Signature of Person Preparing Return (if other than taxpayer)	Date
Address of Preparer	Telephone Number

"As required by Pennsylvania law, West Conshohocken Borough will provide upon request a disclosure statement explaining to the taxpayer their rights in certain tax proceedings involving the Borough."

NEW BUSINESS: License must be obtained prior to opening. Tax must be paid within 60 days after opening date. SEE APPLICATION FORM.  $\label{eq:continuous} % \begin{center} \end{center} % \begin{$ 

FORM MUST BE PREPARED IN ITS ENTIRETY, SIGNED AND DATED. IF NOT THE FORM WILL BE RETURNED AND PENALTY AND INTEREST ADDED UNTIL COMPLETED FORM IS RECEIVED.

# **INSTRUCTIONS**

#### **MERCANTILE TAX**

The Mercantile Tax is to be paid on all the receipts from the sale either at retail (1.5 mills) or wholesale (1.0 mill) of any tangible goods sold. This includes the sale of goods from a place of business within the Borough to a person who does not reside within the Borough. This also includes food and beverage sold for consumption or otherwise.

## **PARTIAL YEAR**

If the business has not been operating for a full year then the Tax will be on the Gross Receipts for the period in the year that the firm has been operating. The Estimated Tax shall be computed by dividing the Tax by the number of months in business and then multiplying by twelve (12).

## **LICENSE**

A separate license shall be required for each place of business within the Borough.

#### NOTICE

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling Tri-State Financial Group at (610) 270-9520 during the office hours of 8:30 am to 4:30 pm, Monday through Friday.

All questions for clarification or help should be directed to:

Tri-State Financial Group PO Box 38 Bridgeport, PA 19405 610-270-9520

To access additional forms you may visit our web-site: www.tfgtax.com