

# READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

<h2 style="margin: 0;">2024</h2> <p style="margin: 0;"><b>TOWNSHIP OF UPPER MERION</b></p>		<b>OFFICIAL USE ONLY</b>	
<p style="text-align: center; margin: 0;"><b>BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN</b></p> <p style="text-align: center; margin: 0;">FINAL RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2024</p> <p style="text-align: center; margin: 0;">ESTIMATED RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2025</p> <p style="text-align: center; margin: 0;"><b>Due Date April 15, 2025</b></p>		<div style="display: flex; justify-content: space-between;"> <div>DATE REC'D _____</div> <div>AMT REC'D _____</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>CHECK NO _____</div> <div>BATCH NO _____</div> </div>	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>		<div style="display: flex;"> <div style="flex: 1;"> <p><b>BUSINESS ACCOUNT NUMBER:</b></p> <p><b>BUSINESS LOCATION:</b></p> <p><b>DID YOU TERMINATE / MOVE THIS BUSINESS</b>  <input type="checkbox"/> YES   <input type="checkbox"/> NO   <input type="checkbox"/> MOVED   <b>DATE:</b> _____</p> <p><input type="checkbox"/> NON-PROFIT   <input type="checkbox"/> MANUFACTURER</p> </div> <div style="flex: 1; padding-left: 10px;"> <p><b>EIN/SSN:</b></p> <p><b>IF MOVED, WHERE?</b></p> </div> </div>	
<b>ENTER WHOLE DOLLAR AMOUNTS ONLY</b> <small>A return must be filed even if you have no gross receipts</small>		<b>DOLLARS</b>	<b>NO CENTS</b>
1. Sales or Gross Receipts (January 2024 to December 2024 only)		1.	00
2. Exclusions (Must attach written proof)		2.	00
3. Taxable Gross Receipts (Line 1 Less Line 2)		3.	00
<b>Check if Amended Return</b> <input type="checkbox"/>			
<b>FINAL RETURN FOR YEAR ENDED DECEMBER 31, 2024</b>	<b>RECEIPTS FROM LINE ABOVE</b>	<b>TAX COMPUTATIONS</b>	
4. Wholesale (See Definition)	4. _____ x .0005	4. _____	00
5. Retail	5. _____ x .0015	5. _____	00
6. Service	6. _____ x .0015	6. _____	00
7. Rental / Other Income	7. _____ x .0015	7. _____	00
8. Total (add Lines 4, 5, 6, & 7)	8. _____	8. _____	00
9. Deduct 2024 Estimated Tax (Paid with 2023 Return)	9.     0	9. _____	00
10. Total Tax Due, or Credit (Line 8 Less Line 9)	10. _____	10. _____	00
<b>ESTIMATED TAX RETURN FOR YEAR ENDING DECEMBER 31, 2025</b>			
11. 2025 Estimated Tax ( <b>Must use amount shown on Line 8</b> )		11. _____	00
<b>TOTAL TAX DUE IF PAID BY APRIL 15, 2025</b>			
12. Add Line 10 and Line 11		12. _____	00
<b>PENALTY AND INTEREST IF TAX PAID AFTER APRIL 15, 2025</b>			
13. Add: 10% Penalty if paid after April 15, 2025 (multiply Line 12 x 10%)		13. _____	00
14. Add: 1.25 % Interest per month or part thereof (multiply Line 12 x 1.25% x No. of months)		14. _____	00
15. TOTAL TAX, PENALTY AND INTEREST (Add Lines 12,13, & 14)		15. _____	00
<b>LICENSE FEE –</b>			
16. Annual Business License Fee (a separate License is required for each location, <b>\$25 per location</b> ) Wholesaler, Retailer, Restaurant, Service, Rental @ \$25 Each		16. 25 X _____ =	00
17. Total Amount Due (Add Lines 15 & 16) <input type="checkbox"/> Apply Credit <input type="checkbox"/> Refund Credit		17. _____	00
<b>Any Work Papers containing calculations used to determine Gross Receipts and copies of Federal Returns shall be attached to this return.</b> <b>Tax returns will not be considered complete unless such documents are attached.</b> <input type="checkbox"/> 1040 - SCH C; <input type="checkbox"/> 1040 - SCH E; <input type="checkbox"/> 1065; <input type="checkbox"/> 1120; <input type="checkbox"/> 1120S; <input type="checkbox"/> P&L STATEMENT; <input type="checkbox"/> 4797; <input type="checkbox"/> 8824			

Make Check Payable to: **UPPER MERION TOWNSHIP**

Mail Return and Payment 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**

<b>Print Name</b>	<b>Telephone Number</b>
<b>Signature</b>	<b>Date</b>
<b>Signature and Address of Person Preparing Return (if other than taxpayer)</b>	<b>Date</b>

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

NEW BUSINESS: License must be obtained prior to opening. Tax must be paid within 60 days after opening date. SEE APPLICATION FORM.

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

**LICENSES** - A license fee of \$25.00 is due for each place of business in Upper Merion Township and is payable no later than April 15 of the new tax year.

A license fee is due for each place of business in Upper Merion Township as follows:

Wholesaler, Retailer, Restaurants, Service, Rental @ \$25.00 Each (example Wholesaler \$25.00; Wholesale and Retailer \$50.00).

**NEW BUSINESS** - Tax must be paid within 45 days after opening date of business. **All new businesses must complete the Business Privilege/ Mercantile License Application form.**

F	COMPUTATION OF GROSS VOLUME OF BUSINESS FOR ESTIMATED TAX
	1. If business commenced a full year January to December 2024 base the 2025 estimated tax on the 2024 gross receipts reported on Line 8. \$ _____ (DECREASE REQUIRES AN EXPLANATION)
	2. If business commenced after January 1, 2024, indicate starting date (____) and multiply your average monthly gross volume of business (\$ _____) by 12. \$ _____
	3. If business commenced after January 1, 2025, indicate starting date (____) and multiply your first month gross volume of business by the number of months remaining in the 2025 tax year (____); include fractional months from starting date to December 31. \$ _____

**LATE FILING** - Penalty of 10% of tax plus interest rate of 1.25% per month or fraction of a month to be added if filed after due date.

**WHOLESALE RATE** - The only businesses that qualify for the wholesale rate are businesses that sell a product to a vendor who, in turn, resells that product in the exact same form. Selling in bulk or not selling to the general public does not, in itself, qualify a business for the wholesale rate.

**ATTACHMENT** - As described on the front of this form, please provide the applicable documentation for receipts reported. Any Work Papers containing calculations used to determine Gross Receipts and copies of Federal Returns shall be attached to this return. Tax returns will not be considered complete unless such documents are attached.

☐ 1040 - SCH C; ☐ 1040 - SCH E; ☐ 1065; ☐ 1120; ☐ 1120S; ☐ P&L STATEMENT; ☐ 4797; ☐ 8824

**ROUNDING INSTRUCTION & EXAMPLES** – Calculations for Both Rounding of Gross Receipts and Calculated Tax Amounts.

- Round to the next whole dollar if an amount is 50 cents or more
  - EXAMPLE: Enter \$739.50 as \$740
- Round down to the next whole dollar below if the amount is less than 50 cents
  - EXAMPLE: Enter \$739.49 as \$739

## 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 9:00 am to 4:00 pm, Monday through Friday.

All questions for clarification or help should be directed to:

**Tri-State Financial Group**  
**PO Box 38**  
**Bridgeport, PA 19405**

To access additional forms and the rules and regulations you may visit our website: **[www.tfgtax.com](http://www.tfgtax.com)**