

# READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

**2025**  
**BOROUGH OF**  
**WEST CONSHOHOCKEN**

**MERCANTILE TAX RETURN**

FINAL RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2025  
ESTIMATED RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2026  
**Due Date March 31, 2026**

**OFFICIAL USE ONLY**

DATE REC'D \_\_\_\_\_ AMT REC'D \_\_\_\_\_

CHECK NO \_\_\_\_\_ BATCH NO \_\_\_\_\_

BUSINESS ACCOUNT  
NUMBER:

EIN/SSN:

BUSINESS LOCATION:

DID YOU TERMINATE / MOVE THIS BUSINESS  
 YES  NO  MOVED DATE:  
 NON-PROFIT  MANUFACTURER

IF MOVED, WHERE?

**ENTER WHOLE DOLLAR AMOUNTS ONLY**

A return must be filed even if you have no gross receipts

1. Sales or Gross Receipts (January to December only)

2. Exclusions (Must attach written proof)

3. Taxable Gross Receipts (Line 1 Less Line 2)

**Check if Amended Return**

**DOLLARS**

NO  
CENTS

1. \_\_\_\_\_ 00

2. \_\_\_\_\_ 00

3. \_\_\_\_\_ 00

**FINAL RETURN FOR YEAR ENDED DECEMBER 31, 2025**

**RECEIPTS FROM LINE ABOVE**

**TAX COMPUTATIONS**

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 2025 Estimated Tax (Paid with 2024 Return)

9. \_\_\_\_\_ 9. \_\_\_\_\_ 00

10. Total Tax Due, or Credit (Line 8 Less Line 9)

10. \_\_\_\_\_ 10. \_\_\_\_\_ 00

**ESTIMATED TAX RETURN FOR YEAR ENDING DECEMBER 31, 2026**

11. 2026 Estimated Tax (**Must use amount shown on Line 8**)

11. \_\_\_\_\_ 00

**TOTAL TAX DUE IF PAID BY MARCH 31, 2026**

12. Add Line 10 and Line 11

12. \_\_\_\_\_ 00

**PENALTY AND INTEREST IF TAX PAID AFTER MARCH 31, 2026**

13. Add: 10% Penalty if paid after March 31, 2026 (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**

16. 2026 License Fee (a separate License is required for each location, **\$10 per location**)

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 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

Make Check Payable to: **WEST CONSHOHOCKEN BOROUGH**

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

**BRIDGEPORT, PA 19405**

schedules are true, correct and complete to the best of my knowledge and belief.

**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.

**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 website: [www.tfgtax.com](http://www.tfgtax.com)