

READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

20

TOWNSHIP OF EXETER

BUSINESS PRIVILEGE TAX RETURN

RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 20
VOLUME OF BUSINESS: JANUARY 1, 20 THROUGH DECEMBER 31, 20
LICENSE FEE PERIOD: JANUARY 1, 20 THROUGH DECEMBER 31, 20
Due Date June 15,

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 <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MOVED DATE:		IF MOVED, WHERE?
	<input type="checkbox"/> NON-PROFIT <input type="checkbox"/> MANUFACTURER		

ENTER WHOLE DOLLAR AMOUNTS ONLY

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

	DOLLARS	NO CENTS
1. Sales or Gross Volume of Business (January 1, 20 to December 31, 20)	1.	00
2. Exclusions (Must attach written explanation and calculation)	2.	00
3. Taxable Gross Volume of Business (Line 1 Less Line 2)	3.	00

RETURN FOR YEAR 20 BASED ON 20 BUSINESS	RECEIPTS FROM LINE ABOVE	TAX COMPUTATIONS	
4. Wholesale (see instruction for definition)	4. _____ x 0005	4.	00
5. Retail	5. _____ x.00075	5.	00
6. Service	6. _____ x.00075	6.	00
7. Rental / Other Income	7. _____ x.00075	7.	00
8. Total (add Lines 4, 5, 6, & 7)	8. _____	8.	00
9. Total Tax Due		9.	00

PENALTY AND INTEREST IF TAX PAID AFTER JUNE 15, 20			
10. Add: 10% Penalty if paid after June 15, 20 (multiply Line 9 x 10%)		10.	00
11. Add: 1.5% Interest per month or part thereof (multiply Line 9 x 1.5% x No. of months)		11.	00
12. TOTAL PENALTY AND INTEREST (Add Lines 10 & 11)		12.	00

LICENSE FEE			
13. 20 Annual License Fee - \$5 (\$20 for 2017 forward) (a separate License for each location, \$5 per location, \$20 for 2017 forward)		13. 5 x _____ =	00
14. Total Amount Due (Add Lines 9,12 & 13)		14.	00

Any Work Papers containing calculations used to determine Gross Volume of Business and copies of Federal Returns shall be attached to this return.
Tax return will not be considered complete unless such documents are attached.

Make Check Payable to: **TOWNSHIP OF EXETER**

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**

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

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.