

READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

<p>2016</p> <p>TOWNSHIP OF EXETER</p> <p>BUSINESS PRIVILEGE TAX RETURN</p> <p>RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2016 VOLUME OF BUSINESS: JANUARY 1, 2015 THROUGH DECEMBER 31, 2015 LICENSE FEE PERIOD: JANUARY 1, 2016 THROUGH DECEMBER 31, 2016 Due Date June 15, 2016</p>	<p>OFFICIAL USE ONLY</p>
	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		DOLLARS	NO CENTS
A return must be filed even if you have no gross receipts			
1. Sales or Gross Volume of Business (January 1, 2015 to December 31, 2015)		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 2016 BASED ON 2015 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, 2016			
10. Add: 10% Penalty if paid after June 15, 2016 (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. 2016 Annual License Fee - \$5 (a separate License for each location, \$5 per location)		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 SEND ORIGINAL WITH PAYMENT - MAKE A COPY FOR YOUR RECORDS 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.	Mail Return and Payment to: TRI-STATE FINANCIAL GROUP PO BOX 38 BRIDGEPORT, PA 19405 610-270-9520
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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.

