## **READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM**

20			OFFICIAL USE ONLY					
TOWNSHIP OF PLYMOUTH								
BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN			DATE REC'D		AMT REC'D			
FINAL RETURN FOR CALENDAR YEAR ENDED DECEMBER 31,								
ESTIMATED RETURN FOR CALENDAR YEAR ENDED DECEMBER		20	CHECK NO			BATCH NO		
Due Date April 15, 20								
BUSINESS ACCOUNT								
	NUMBER:				EIN/SSN:			
						<b></b>		
	DID YOU TERMINATE / MOVE THIS BUSINESS			IF MOVED, WHERE?				
	$\square$ NO-PROFIT $\square$ MANUFACTURER					1		
					_		NO	
ENTER WHOLE DOLLAR AMOUNTS ONLY					DO	LLARS	CENTS	
A return must be filed even if you have no gross receipts							00	
1. Sales or Gross Receipts (January 20 to December 20 only)					1.		00	
2. Exclusions (Must attach written proof)					2.		00	
3. Taxable Gross Receipts (Line 1 Less Line 2)         FINAL RETURN FOR YEAR ENDED DECEMBER 31, 20         RECEIPTS FROM LINE ABOVE				BOVE	0.			
· · · ·				x .001			00	
4. Wholesale (See Definition)	4.			x .001 x .0015	4.		00	
5. Retail	5.				5.			
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 20 Estimated Tax (Paid with 2020 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								
11. 20 Estimated Tax (Must use amount shown on Line 8)					11.		00	
TOTAL TAX DUE IF PAID BY APRIL 15, 20								
12. Add Line 10 and Line 11					12.		00	
PENALTY AND INTEREST IF TAX PAID AFTER APRIL 15, 20								
13. Add: 10% Penalty if paid after April 15, 20 (multiply Line 12 x 10%)					13.		00	
14. Add: ½ % Interest per month or part thereof (multiply Line 12 x 0.5% x No. of months)					14.		00	
15. TOTAL TAX, PENALTY AND INTEREST (Add Lines 12,13, & 14)					15.		00	
LICENSE FEE – 16. Annual Business License Fee (a separate License is required for each location, <b>\$25 per location</b> )					40 05 15		00	
Wholesaler, Retailer, Restaurant, Service, Rental @ \$25 Each					16. 25 X	=	00	
17. Total Amount Due (Add Lines 15 & 16)					17.	• • • •	00	
Any Work Papers containing calculations used to determine Tax returns will not be considered complete unless such do 1040 - SCH C; 1040 - SCH E; 1065; 1120; 11205; P&L STA	cuments are at		es of Federal	Returns sha	all be attach	ied to this return.		
Make Check Payable to: PLYMOUTH TOWNSHIP		1	Aail Return ar	nd Payment 1	to: TRI-STAT	E FINANCIAL GROU	IP	
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								
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.					610-270-	•		
Print Name Telephone Number "As required by Pennsylvania law, Plymouth Township will provide							de	
upon request a disclosure					statement exp	laining to the taxpayer t		
Signature		Date	rights in ce	ertain tax proce	edings involvin	g the Township."		
						d prior to opening. Tax n	nust be	
Signature of Person Preparing Return (if other than taxpayer) Date				n 60 days after	opening date. S	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 Plymouth Township and is payable no later than April 15 of the new tax year along with the minimum tax of \$10.00.

A license fee is due for each place of business in Plymouth 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.** 

LATE FILING - Penalty of 10% of tax plus interest rate of ½% per month or fraction of a month to be added if filed after due date.

MINIMUM TAX - \$10.00 for each place of business. This form must be prepared in its entirety. If not applicable, so state.

**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&LSTATEMENT

## 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 4:30 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 and the rules and regulations you may visit our website: www.tfgtax.com