

READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

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|---|---|
| 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 | DOLLARS | NO CENTS |
|--|---------------------------------|----------|
| A return must be filed even if you have no gross receipts | | |
| 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 | |
| 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. _____ | 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. _____ | 10. 00 |
| 11. Add: 1.5% Interest per month or part thereof (multiply Line 9 x 1.5% x No. of months) | 11. _____ | 11. 00 |
| 12. TOTAL PENALTY AND INTEREST (Add Lines 10 & 11) | 12. _____ | 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 _____ = | 13. 00 |
| 14. Total Amount Due (Add Lines 9,12 & 13) | 14. _____ | 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

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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.