

# READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

**20**  
**BOROUGH OF**  
**WEST CONSHOHOCKEN**

**OFFICIAL USE ONLY**

**MERCANTILE TAX RETURN**

FINAL RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 20  
ESTIMATED RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 20  
**Due Date March 31, 20**

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

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

BUSINESS ACCOUNT NUMBER:

EIN/SSN:

BUSINESS LOCATION:

DID YOU TERMINATE / MOVE THIS BUSINESS

IF MOVED, WHERE?

YES  NO  MOVED DATE:

NON-PROFIT  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 Receipts (January to December only)
2. Exclusions (Must attach written proof)
3. Taxable Gross Receipts (Line 1 Less Line 2)

1.	00
2.	00
3.	00

FINAL RETURN FOR YEAR ENDED DECEMBER 31, 20	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 20 Estimated Tax (Paid with 20 Return)		9. _____	00
10. Total Tax Due, or Credit (Line 8 Less Line 9)		10. _____	00
<b>ESTIMATED TAX RETURN FOR YEAR ENDING DECEMBER 31, 20</b>			
11. 20 Estimated Tax (Must use amount shown on Line 8)		11. _____	00
<b>TOTAL TAX DUE IF PAID BY MARCH 31, 20</b>			
12. Add Line 10 and Line 11		12. _____	00
<b>PENALTY AND INTEREST IF TAX PAID AFTER MARCH 31, 20</b>			
13. Add: 10% Penalty if paid after March 31, 20 (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
<b>LICENSE FEE</b>			
16. Annual Business 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 return will not be considered complete unless such documents are attached.**

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 schedules are true, correct and complete to best of 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

"As required by Pennsylvania law, West Conshohocken Borough will provide upon request a disclosure statement explaining to 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 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 Estimate 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 businesses within the Borough.

### **NOTICE**

You are entitled to receive a written explanation of you 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 web-site: [www.tfgtax.com](http://www.tfgtax.com)