

**MERCANTILE & BUSINESS  
PRIVILEGE TAX RETURN  
FOR  
2007**

**Township of Upper Merion**  
ATTN: Business Tax Office  
175 W. Valley Forge Rd.  
King of Prussia, PA 19406  
www.umtownship.org  
Phone: (610) 265-2600  
Fax: (610) 265-0482  
Office Hours: 9 AM to 5 PM Monday to Friday

**SEPARATE RETURN REQUIRED  
FOR EACH PLACE OF BUSINESS**  
**TAX DUE APRIL 15, 2007**  
ONLY U.S. POST OFFICE POSTMARK DATE ACCEPTED  
**NO EXTENSIONS**

**IMPORTANT:** This return must be filed with full remittance of tax due on or before due date in order to avoid the imposition of penalties and interest. Make check payable to: **Upper Merion Township. (Your cancelled check will be your receipt.)**

License #  
Trade/Business Name and Address

**THIS SPACE FOR OFFICE USE ONLY**

- CASH  
 CHECK  
 M.O.

A. E.I.N. #: \_\_\_\_\_ B. PHONE NO. \_\_\_\_\_

**A. LICENSE FEE -** IF PAID SEPARATELY FOR 2007 SKIP SECTION A. (separate license required for each place of business) **1 @ \$21.00 each**

**B. ESTIMATED TAX FOR 2007 BEFORE COMPLETING-SEE SECTION F BELOW** **TOTAL A:** (line 1 x # of licenses) **1**

- |  |   |  |  |
|--|---|--|--|
| 1. Projected RETAIL sales                                  | 1 |  |  |
| 2. Tax payable (line B1 times (x) .0015)                   | 2 |  |  |
| 3. Projected WHOLESALE sales                               | 3 |  |  |
| 4. Tax payable (line B3 times (x) .0005)                   | 4 |  |  |
| 5. Projected SERVICE BUSINESS and/or RENTAL gross receipts | 5 |  |  |
| 6. Tax payable (line B5 times (x) .0015)                   | 6 |  |  |

**TOTAL B:** (sum of lines B2, B4, B6) **(minimum tax due \$21.00)** **6**

**C. FINAL TAX FOR 2006 RECONCILIATION** **TOTAL C:** (sum of lines C2, C4, C6) **7**

- |   |   |  |  |
|---|---|--|--|
| 1. Actual RETAIL sales                                  | 1 |  |  |
| 2. Tax payable (line C1 times (x) .0015)                | 2 |  |  |
| 3. Actual WHOLESALE sales                               | 3 |  |  |
| 4. Tax payable (line C3 times (x) .0005)                | 4 |  |  |
| 5. Actual SERVICE BUSINESS and/or RENTAL gross receipts | 5 |  |  |
| 6. Tax payable (line C5 times (x) .0015)                | 6 |  |  |

**D. TAX DUE** **TOTAL D:** (line D1 minus (-) D2-D3-D4) **7**

- |  |   |  |  |
|--|---|--|--|
| 1. Total tax payable (sum of total lines A, B, C)                  | 1 |  |  |
| 2. LESS ESTIMATED TAX PAYMENT FROM 2006 RETURN SECTION B - TOTAL B | 2 |  |  |
| 3. PRIOR YEAR BALANCE FROM 2006 RETURN [CREDIT APPEARS AS (-)]     | 3 |  |  |
| 4. LESS LICENSE FEE  | 4 |  |  |

**E. PENALTY AND INTEREST** **TOTAL E:** (sum of lines E1 + E2) **8**

- |  |   |  |  |
|--|---|--|--|
| 1. Penalty (10% of line D) if paid after April 15, 2007    | 1 |  |  |
| 2. Interest (1-1/4% per month - Interest Computed Monthly) | 2 |  |  |

**Failure to receive a tax return does not entitle owner to disregard the penalty or interest on taxes owed.**

**TOTAL E:** (sum of lines E1 + E2) **8**

**TOTAL DUE / (CREDIT):** (sum of lines 7 and 8) **8**  
(Apply Credit to next years return - the 2008, Return section D line 2.)

**ALL REFUND REQUESTS MUST BE MADE IN WRITING WITH SUPPORTING DOCUMENTATION ATTACHED.**

**F. COMPUTATION OF GROSS VOLUME OF BUSINESS FOR ESTIMATED TAX**

- If business commenced a full year January to December 2006 base the 2007 estimated tax on the 2006 gross receipts reported in section C. \$ \_\_\_\_\_
- If business commenced after January 1, 2006, indicate starting date ( \_\_\_\_\_ ) and multiply your average monthly gross volume of business (\$ \_\_\_\_\_ ) by 12. \$ \_\_\_\_\_
- If business commenced after January 1, 2007, indicate starting date ( \_\_\_\_\_ ) and multiply your first month gross volume of business by the number of months remaining in the 2007 tax year ( \_\_\_\_\_ ); include fractional months from starting date to December 31. \$ \_\_\_\_\_

**FINAL RETURN** Check box if filing a final return. Attach a letter of explanation indicating the date company moved or closed along with refund amount, if applicable. Enclose documentation to support the figures reported.

**AFFIRMATION:** I hereby certify under the penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct, and complete. If this return is prepared by a person other than the taxpayer, his declaration is based on all the information of which he has any knowledge.

Date \_\_\_\_\_ Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_

Signature of person preparing return  
(if other than taxpayer)

Name \_\_\_\_\_ (Print or Type)  
Title \_\_\_\_\_

**IMPORTANT NOTICE**

**ALL BUSINESSES MUST PROVIDE APPROPRIATE FEDERAL AND STATE RETURNS WITH SCHEDULES FOR BASE YEAR IN ORDER TO SUBSTANTIATE INCOME. EXPLAIN FULLY ANY DIFFERENCES BETWEEN GROSS VOLUME ON REVERSE SIDE. CHECK APPROPRIATE BOX BELOW INDICATING RETURN ATTACHED.**

- 1040 SCH. C  1040 SCH. E  1065  1120S  1120  STATE RETURNS

**SEND ORIGINAL WITH PAYMENT**

**MAKE A COPY FOR YOUR RECORDS**