MERCANTILE & BUSINESS PRIVILEGE TAX RETURN FOR 2008

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, 2008
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 2008 SKIP SECTION A.
(separate license required for each place of business)

1		@ $21.00 each
	TOTAL A: (line 1 x # of licenses) ➤	

B. ESTIMATED TAX FOR 2008

BEFORE COMPLETING-SEE SECTION F BELOW

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)** ➤		

C. FINAL TAX FOR 2007 RECONCILIATION

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	
	TOTAL C: (sum of lines C2, C4, C6) ➤		

D. TAX DUE

1. Total tax payable (sum of total lines A, B, C)	1		
2. LESS ESTIMATED TAX PAYMENT FROM 2007 RETURN SECTION B - TOTAL B	2		
3. PRIOR YEAR BALANCE FROM 2007 RETURN [CREDIT APPEARS AS (–)]	3		
4. LESS LICENSE FEE	4		
	TOTAL D: (line D1 minus (-) D2-D3-D4) ➤	7	

E. PENALTY AND INTEREST

1. Penalty (10% of line D) if paid after April 15, 2008	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) ➤ ➤
(Apply Credit to next years return - the 2009, 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

1. If business commenced a full year January to December 2007 base the 2008 estimated tax on the 2007 gross receipts reported in section C. $ _____

2. **If business commenced after January 1, 2007, indicate starting date (_____) and multiply your average monthly gross volume of business ($ _____) by 12.** $ _____

3. If business commenced after January 1, 2008, indicate starting date (_____) and multiply your first month gross volume of business by the number of months remaining in the 2008 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 _____

_____ Name_____ Title _____
Signature of person preparing return (if other than taxpayer) (Print or Type)

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**

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