

**ANNUAL RECONCILIATION  
BUSINESS PRIVILEGE / MERCANTILE  
TAX REPORT**

**SWRTB**  
Southwest Regional Tax Bureau  
One Centennial Way  
Scottsdale Pa 15683-1792  
724-887-5320 724-834-5240 724-439-2312  
FAX 724-887-7121  
OFFICE HOURS: M-F 8 A.M. to 4 P.M.  
Closed 11:30 A.M. to 12:30 P.M.

Period: January 1 thru December 31  
Due: April 15,

TaxYear:                      Qtr: **5**  
EmpNo:

TAX DISTRICT

**IMPORTANT:** This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties. All businesses must provide Schedule C's and/or other appropriate Federal Schedules. Explain fully any differences between the gross volume on the reverse side.

<p align="center"><b>OWNERSHIP LOCAL BUSINESS NAME AND ADDRESS (IF OTHER THAN ABOVE ADDRESS)</b></p>	<p align="center"><b>FOR OFFICE USE ONLY</b></p> <p>AMOUNT PAID: _____ RECEIVED BY: _____</p> <p>PSD \$ _____ SDPSD \$ _____</p> <p>PEN \$ _____ Check Cash Money Order</p>
STORE NO. _____ (WHERE APPLICABLE)	A. FEDERAL ID# : _____

BUSINESS TYPE	GROSS VOLUME OF BUSINESS		TAX RATE	AMOUNT DUE
1. ACTUAL AMUSEMENT/RETAIL SALES FOR YEAR ( Business priviledge / Mercantile )	\$ _____	<b>X</b>	<b>.0015</b> (1 1/2 mil)	\$ _____
2. ACTUAL WHOLESALE SALES FOR YEAR ( Business priviledge / Mercantile )	\$ _____	<b>X</b>	<b>.001</b> (1 mil)	\$ _____
3. ACTUAL SERVICE SALES FOR YEAR ( Business priviledge Only )	\$ _____	<b>X</b>	<b>.0015</b> (1 1/2 mil)	\$ _____
<b>4. TAX DUE (ADD lines 1 thru 3)</b>				\$ _____
<b>5. LESS TAX PAYMENTS MADE FOR YEAR (Exclude Penalty And Interest Paid)</b>				\$ _____
<b>6. TOTAL UNDERPAYMENT/OVERPAYMENT (SUBTRACT Line 5 from Line 4)</b>				\$ _____
7. INTEREST/PENALTY ( 1% (.01) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT )				\$ _____
8. LATE FEE (\$10.00 FEE IF PAYMENT NOT RECEIVED WITH COMPLETED FORM BY DUE DATE )				\$ _____
<b>9. TOTAL MERCANTILE TAX DUE</b> NO PAYMENTS UNDER \$1.00 ARE REQUIRED				\$ _____

**AFFIRMATION:** I hereby certify under 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, this declaration is based on all the information of which preparer has any knowledge.

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_  
(TYPE OR PRINT)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PREPARER: \_\_\_\_\_ DATE: \_\_\_\_\_  
(IF OTHER THAN TAXPAYER)