

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.

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 style="text-align: center;">OWNERSHIP LOCAL BUSINESS NAME AND ADDRESS (IF OTHER THAN ABOVE ADDRESS)</p>	<p style="text-align: center;">FOR OFFICE USE ONLY</p> <p>AMOUNT PAID: _____ RECEIVED BY: _____</p> <p>\$ _____ \$ _____</p> <p>PEN \$ _____ Check Cash Money Order</p>
<p>STORE NO. _____ (WHERE APPLICABLE)</p> <p>A. FEDERAL ID#: _____</p> <p>B. DATE LOCAL OPERATION BEGAN: _____</p>	<p>INDICATE TYPE OF BUSINESS: <input type="checkbox"/> New <input type="checkbox"/> Itinerant <input type="checkbox"/> Seasonal <input type="checkbox"/> Transient <input type="checkbox"/> Established</p> <p>INDICATE INCOME BASE: <input type="checkbox"/> Estimated Business <input type="checkbox"/> Actual Business</p>
<p>C. NATURE OF BUSINESS: <input type="checkbox"/> Retail <input type="checkbox"/> Wholesale <input type="checkbox"/> Rental <input type="checkbox"/> Amusement <input type="checkbox"/> Service <input type="checkbox"/> Construction <input type="checkbox"/> Fabricating* <input type="checkbox"/> Manufacturing* Other: _____</p> <p style="text-align: right;">* EXPLAIN METHODS USED ON REVERSE SIDE</p>	

BUSINESS TYPE	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT DUE
1. AMUSEMENT / RETAIL BUSINESS (Business privilege / Mercantile)	\$ _____	X .0015 (1 1/2 ml)	\$ _____
2. WHOLESALE BUSINESS (Business privilege / Mercantile)	\$ _____	X .001 (1 ml)	\$ _____
3. SERVICE BUSINESS (Business privilege Only)	\$ _____	X .0015 (1 1/2 ml)	\$ _____
4. TAX DUE (TOTAL 1 AND 3)			\$ _____
5. INTEREST/PENALTY (1% (.01) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT)			\$ _____
6. LATE FEE (\$10.00 FEE IF PAYMENT NOT RECEIVED WITH COMPLETED FORM BY DUE DATE)			\$ _____
7. TOTAL MERCANTILE TAX DUE 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)