

Make Checks Payable To:

CENTRAL TAX BUREAU OF PA, INC.

PO BOX 308

BERWICK, PA 18603-0308

(610) 497-6030

(866) 392-1125

ANNUAL BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN 2009

CHESTER CITY - 23125

DELAWARE COUNTY, PENNSYLVANIA

DUE DATE: APRIL 15, 2009

This return must be filed with full remittance of tax by indicated due date.

Please correct any error in name, address, or district.

PSD: 23125

ACCOUNT #:

No authority is given by issuance of this License/Permit for any activity forbidden by zoning regulations or law.

Minimum tax due: \$20.00

A. LICENSE AND REGISTRATION FEE

(A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION)

DUE DATE: APRIL 15, 2009

TOTAL A (SUM OF LINES 1, 2, 3 AND 4)

Table with 2 columns: Description (1. SERVICES, 2. RENTALS, 3. RETAIL BUSINESS, 4. WHOLESALE BUSINESS) and Amount (5.00, 5.00, 5.00, 5.00)

B. ESTIMATED BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN

2009 TAX YEAR

Table with 6 columns: Description, Gross Volume of Business, Exemptions & Exclusions, Taxable Volume, Tax Rate, Amount of Tax Due. Includes rows for Services, Rentals, Retail Business, Wholesale Business, and Total B.

C. FINAL BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN

2008 TAX YEAR

Table with 6 columns: Description, Gross Volume of Business, Exemptions & Exclusions, Taxable Volume, Tax Rate, Amount of Tax Due. Includes rows for Services, Rentals, Retail Business, Wholesale Business, and Total C.

D. LICENSE AND TAX DUE

1. TOTAL LICENSE AND TAX PAYABLE (SUM OF TOTAL LINES A,B AND C)

2. LESS TAX PAID IN ADVANCE (ESTIMATED TAX PAYMENT)

TOTAL D (LINE D1 MINUS (-) D2)

E. PENALTY AND INTEREST

Table with 3 columns: Description (1. RETAIL/WHOLESALE PENALTY, 2. SERVICE BUSINESS PENALTY, 3. OTHER(FINES, COSTS, ETC.)), Amount (\$20.00 LATE FEE), and Interest (INTEREST 1% (.01) PER MONTH OF TAX DUE).

TOTAL E (SUM OF LINES E1, E2, AND E3)

F. TOTAL OF LINES D AND E

APPROPRIATE BOX PAYMENT REFUND CREDIT

COMPUTATION OF GROSS VOLUME OF BUSINESS

- A. If business commenced a full year (Jan. to Dec.) prior to current tax year, use the total gross volume of business transacted during that period multiplied by the applicable tax rate
B. If business commenced after Jan 1. of the prior tax year, indicate starting date () and multiply first month's gross volume of business (\$) by 12.
C. If business commenced subsequent to Jan.1 of the current year, indicate starting date () and multiply your first month's gross volume of business (\$) by the number of months remaining in the current tax year (), include fractional months.
D. If Temporary, Seasonal, or Itinerant, report actual income within seven (7) days of completion.

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.

Signature (X) Date Print Name

Signature of person preparing the return (if other than the above) Phone Signature of person preparing the return (if other than the above)

1. MAILING ADDRESS (IF OTHER THAN ABOVE)	2. FEDERAL I.D. NO. OR SOCIAL SECURITY NO.
3. BRANCH OFFICE ADDRESS (IF OTHER THAN ABOVE)	4. BUSINESS PHONE NO. RESIDENCE PHONE NO.

5. DO YOU RENT THIS BUSINESS LOCATION?
IF SO, PROVIDE NAME & ADDRESS OF RENTAL LEASING AGENT OR OWNER

6. NAMES OF OWNERS, PARTNERS OR OFFICERS	ADDRESS	TITLE

7. ATTACH OR LIST BELOW ALL CONCESSIONAIRES AND COMMERCIAL OR INDUSTRIAL TENANTS ON YOUR PREMISES.

8. TYPE OF ORGANIZATION: INDIVIDUAL PROPRIETORSHIP PARTNERSHIP CORPORATION
 ASSOCIATION FIDUCIARY DATE INCORPORATED: _____ STATE: _____

9. NATURE OF BUSINESS: RETAIL WHOLESALE RENTAL MANUFACTURING (DESCRIBE PRODUCTION METHODS FULLY BELOW.)
 SERVICE TRADE CONSTRUCTION FABRICATION AMUSEMENT OTHER (EXPLAIN)

10. DATE LOCAL OPERATION BEGAN: _____	11. TYPE OF BUSINESS: <input type="checkbox"/> ESTABLISHED <input type="checkbox"/> NEW <input type="checkbox"/> SEASONAL* <input type="checkbox"/> TRANSIENT <input type="checkbox"/> ITINERANT* * Indicate date when operations in District will end _____
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12. ACCOUNTING BASIS <input type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL <input type="checkbox"/> OTHER (EXPLAIN)	ACCOUNTING PERIOD: <input type="checkbox"/> CALENDAR <input type="checkbox"/> FISCAL YEAR ENDING _____
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13. NAME AND ADDRESS OF PERSON OR FIRM IN CHARGE OF RECORDS

14. ADDITIONAL INFORMATION

CERTIFICATION
I HEREBY CERTIFY UNDER PENALTIES PROVIDED BY LAW THAT ALL STATEMENTS MADE HEREON ARE, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, CORRECT, AND COMPLETE.

PRINT NAME _____

X _____
SIGNATURE

DATE _____

TITLE

General Instructions for Filing License Return

License Fee:

If the district in which your business is located requires you to procure a license the rate will be listed on the attached tax return.

This payment is to be forwarded to Central Tax Bureau of PA, Inc., within 10 days, along with the attached Tax Return. The license attached to this page is to be conspicuously posted at the place of business or each of the places of business at all times.

If there is more than one place of business within the district it is necessary to procure a license for each location.

Tax Return:

Each person, partnership, association, or corporation engaged in any business, within the district, is liable for a Business Privilege and/or Mercantile Tax.

Please make all checks payable to **Central Tax Bureau of PA, Inc.** If a receipt is needed a self addressed stamped envelope must accompany payment.

IMPORTANT: This return must be filed with full remittance on or before the due date in order to avoid the imposition of penalties and interest. ALL BUSINESSES MUST PROVIDE SCHEDULE C's OR OTHER APPROPRIATE FEDERAL AND STATE SCHEDULES FOR BASE YEAR. EXPLAIN FULLY ANY DIFFERENCE BETWEEN GROSS ON SEPARATE SHEET.

NOTE: YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING YOUR LOCAL POLITICAL SUBDIVISION.