

eCollect+
804 Fayette Street
Conshohocken, PA 19428

DUE DATE 4/15/19
BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN
CITY OF CHESTER – 230101
DELAWARE COUNTY, PENNSYLVANIA

Please provide individual checks for each Municipality.
Minimum tax and license due is \$20.00

Business name: _____
Address: _____
City, State, Zip: _____
EIN or SSN: _____

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



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

No extension of payment granted.

Under Act 50 you are entitled to a written explanation of your rights pertaining to the audit, appeal enforcement, refund and collection of local taxes by calling the Township during regular business hours.

A. LICENSE AND REGISTRATION FEE		TAX YEAR 2019			
(A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION)		1. SERVICES			5.00
DUE DATE: 4/15/19		2. RENTALS			5.00
		3. RETAIL BUSINESS			5.00
		4. WHOLESALE BUSINESS			5.00
TOTAL A (Sum of lines 1, 2, 3 and 4)					
B. ESTIMATED BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN		TAX YEAR 2019			
	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1. SERVICES				0.003300	
2. RENTALS				0.003300	
3. RETAIL BUSINESS				0.003300	
4. WHOLESALE BUSINESS				0.002500	
TOTAL B (Sum of lines 1, 2, 3 and 4)					
C. FINAL BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN		TAX YEAR 2018			
	GROSS VOLUME OF BUSINESS	EXEMPTIONS & EXCLUSIONS	TAXABLE VOLUME	TAX RATE	AMOUNT OF TAX DUE
1. SERVICES				0.003	
2. RENTALS				0.003	
3. RETAIL BUSINESS				0.003	
4. WHOLESALE BUSINESS				0.002	
TOTAL C (Sum of lines 1, 2, 3 and 4)					
D. LICENSE AND TAX DUE					
1. TOTAL LICENSE AND TAX PAYABLE (Sum of lines A, B and C)					
2. LESS TAX PAID IN ADVANCE (Estimated tax payment)					
TOTAL D (Line D1 minus (-) D2)					
E. PENALTY AND INTEREST					
1. RETAIL/WHOLESALE PENALTY 10% (.1) OF TAX DUE		INTEREST 1% (.01) PER MONTH OF TAX DUE			
2. SERVICE BUSINESS PENALTY 10% (.1) OF TAX DUE		INTEREST 1.25% (.0125) PER MONTH OF TAX DUE			
TOTAL E (Sum of lines E1, E2, and E3)		*Check or money order only			
F. TOTAL OF LINES D AND E		<input checked="" type="checkbox"/> APPROPRIATE BOX <input type="checkbox"/> PAYMENT <input type="checkbox"/> REFUND <input type="checkbox"/> 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) _____ Print Name _____ Date _____

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

RETURN THIS FORM WITH PAYMENT AND SUPPORTING DOCUMENTATION



To be filed with:
eCollect+
804 Fayette Street
Conshohocken, PA 19428
(866) 225-0033 x711

CITY OF CHESTER
BUSINESS PRIVILEGE / MERCANTILE TAX
REGISTRATION FORM YEAR 2019

DUE: no later than April 15, 2019.

Instructions & Deadline: The following registration form is required to be completed by each company with a business location in the City of Chester or any business operating within the territorial boundaries of the City of Chester.

This Application is separate from and does not replace the Business Privilege / Mercantile Tax Return. Please make a copy of this registration for your records. The license fee is \$5.00 per location and should be remitted with the tax form.

License Year: _____

Business Start Date: _____

Legal Name of Business: _____

Trade Name (DBA): _____

Mailing Address: _____

Physical Address: _____

Phone: _____

Fax: _____

Email: _____

Federal EIN: _____

Business Location(s): _____

Total Number of Employees: _____

Business Organization Type (check one)

Sole Proprietorship Partnership Corporation or LLC (PA Entity No. _____)

Other Describe: _____) Non-Profit/Religious/Charitable

I hereby certify under the penalties provided by law that all statements made herein are to the best of my knowledge and belief true, correct and complete.

Applicant's signature: _____

Printed name: _____

Date: _____

Phone: _____