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 804 Fayette Street  
 Conshohocken, PA 19428

**DUE DATE 3/15/25**

BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN  
 PITTSTON TOWNSHIP - 400807  
 LUZERNE COUNTY, PENNSYLVANIA

Please provide individual checks for each Municipality.



Municipal Collections and Audit

(866)-225-0033

[needhelp@ecollectplus.com](mailto:needhelp@ecollectplus.com)

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.

**Attach copies of federal tax returns, schedules, or worksheets to support gross volume of business reported and all claimed exclusions or exemptions. Tax return not considered complete unless such documentation is attached. Include your EIN or SSN in the box above.**

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 the local political subdivision listed hereon.

| A. FINAL BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN |                                  |                         | TAX YEAR 2024  |          |                   |
|---|----------------------------------|-------------------------|--|----------|-------------------|
|   | GROSS VOLUME OF                  | EXEMPTIONS & EXCLUSIONS | TAXABLE VOLUME   | TAX RATE | AMOUNT OF TAX DUE |
| 1. MERC: RETAIL BUSINESS                              |                                  |                         |  | 0.0015   |                   |
| 2. MERC: WHOLESALE BUSINESS                           |                                  |                         |  | 0.0010   |                   |
| TOTAL A (Sum of lines 1, and 2)                       |                                  |                         |  |          |                   |
| B. PENALTY AND INTEREST                               |                                  |                         |  |          |                   |
| 1. RETAIL/WHOLESALE                                   | INTEREST 6% PER ANNUM OF TAX DUE |                         |  |          |                   |
|   | PENALTY 1% PER MONTH OF TAX DUE  |                         |  |          |                   |
| 2. OTHER (FINES, COSTS, ETC.)                         |                                  |                         |  |          |                   |
| TOTAL B   |                                  |                         |  |          |                   |
| C. TOTAL OF LINES A AND B                             |                                  |                         | <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**