Make checks payable to: eCollect+ 804 Fayette Street Conshohocken, PA 19428

| Business name: |
|---|
| |
| Address: |
| |
| City, State, Zip: |
| , , , |
| EIN or SSN: |
| Please correct any error in name, address, or district. |

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

DUE DATE: BUSINESS PRIV TAX 4/15/25 MERCANTILE TAX 6/15/25

BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN UPPER DARBY TOWNSHIP - 231303 DELAWARE COUNTY, PENNSYLVANIA



Municipal Collections and Audit

(866)-225-0033

needhelp@ecollectplus.com

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.

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 2025 | | | | | |
| (A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION) | 1. LICENSE FEE | | | | 50.00 | |
| DUE DATE: BUSINESS PRIVILEGE: 4/15/25 MERCANTILE 6/15/2 | 5 | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL A (Sum of lines 1, 2, 3 and 4) | | | | | | |
| B. ESTIMATED BUSINESS PRIVILAGE AND MERCANTILE TAX RE | TURN | TAX | YEAR 2025 | | | |
| GROSS VOLUME OF BUSINESS | EXEMPTIONS & EXCLUSION | NS TAXA | BLE VOLUME | TAX RATE | AMOUNT OF TAX DUE | |
| 1. SERVICES | | | | 0.0015 | | |
| 2.RENTALS | | | | 0.0015 | | |
| 3. RETAIL BUSINESS | | | | 0.0015 | | |
| 4. WHOLESALE BUSINESS | | | | 0.001 | | |
| TOTAL B (Sum of lines 1, 2, 3 and 4) | | | | | | |
| C. FINAL BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN | | TAX | YEAR 2024 | | | |
| GROSS VOLUME OF BUSINESS | EXEMPTIONS & EXCLUSION | NS TAXA | BLE VOLUME | TAX RATE | AMOUNT OF TAX DUE | |
| 1. SERVICES | | | | 0.0015 | | |
| 2.RENTALS | | | | 0.0015 | | |
| 3. RETAIL BUSINESS | | | | 0.0015 | | |
| 4. WHOLESALE BUSINESS | | | | 0.001 | | |
| 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% OF TAX DUE | INTEREST 1/2% PER MONTH 0F TAX DUE | | | | | |
| 2. SERVICE BUSINESS PENALTY 10% OF TAX DUE | INTEREST 1/2% 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 | ✓ 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) Print Name _ | | Date | | | - | |

Phone_