

TOWNSHIP OF CHELTENHAM • Mercantile and Business Privilege Tax Return

FINAL RETURN 20 • ESTIMATED RETURN

**BEFORE FILLING OUT FORM REMOVE RIGHT MARGIN,
SEE INSTRUCTIONS ON PART 2,
RETURN PARTS 1 & 4 ONLY.**

TAX LICENSE NUMBER

TAXPAYER—PROVIDE TRADENAME AND CHELTENHAM TOWNSHIP BUSINESS LOCATION IF NOT SHOWN CORRECTLY BELOW	
TELEPHONE NUMBER	HAS NATURE OF BUSINESS CHANGED DURING THE YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO

FINAL RETURN FOR YEAR ENDING DECEMBER 31, 20

— DUE APRIL 15, 20

- Actual Gross Receipts for 20 (as per Federal Income Tax Return)
 - a. **Wholesale Mercantile** \$ _____ x .0010 = \$ _____
(If Applicable) If Tax is less than Two Dollars, enter 0
 - b. **Retail Mercantile** \$ _____ x .0015 = \$ _____
(If Applicable) If Tax is less than Two Dollars, enter 0
 - c. **Business Privilege** \$ _____ x .0040 = \$ _____
(If Applicable) If Tax is less than Ten Dollars, enter 0
2. Total (Add Line a, b and or c) \$ _____
3. Deduct Estimated Tax Paid in 20 (\$ _____)
4. Total 20 Tax Due Twp or Credit (Line 2 Less Line 3) \$ _____
5. ADD Penalty of 10% of Line 4 if paid after April 15, 20 \$ _____
6. ADD Interest of 1.25% per month of Line 4 if paid after April 15, 20 \$ _____
7. **Total Tax, Penalty, Interest Due for 20** (Add lines 4, 5, & 6) or Credit \$ _____

I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE HEREIN AND/OR IN SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

X
Signature _____

Name (Print) _____

Official Title (Owner, Partner, President,) _____

Signature of Person Preparing Return, if other than taxpayer _____

ESTIMATED TAX RETURN FOR YEAR ENDING DECEMBER 31, 20

— DUE APRIL 15, 20

- Estimated Gross Receipts (Must be at least equal to prior year)
 - a. **Wholesale Mercantile** \$ _____ x .0010 = \$ _____
If Tax is less than Two Dollars, enter 0
 - b. **Retail Mercantile** \$ _____ x .0015 = \$ _____
If Tax is less than Two Dollars, enter 0
 - c. **Business Privilege** \$ _____ x .0040 = \$ _____
If Tax is less than Ten Dollars, enter 0
9. Total Estimated Taxes Due for 20 (ADD Estimated Mercantile and or B P Taxes) \$ _____
10. ADD Penalty of 10% if paid after April 15, 20 \$ _____
11. ADD Interest of 1.25% per month if paid after April 15, 20 \$ _____
12. **Current Year License Fee (complete enclosed License Application)**
\$10 per category Wholesale Retail Business Privilege \$ _____
13. Total Estimated Taxes, Penalty, Interest and Fee (ADD Lines 9 thru 12) \$ _____
14. **Total Tax or Refund Due** (ADD Lines 7 & 13) \$ _____

Print Name of Preparer _____

Telephone Number of Preparer _____

DATE: _____

THIS RETURN MUST BE FILED ON A CALENDAR YEAR BASIS AND THE TAX PAID IN FULL. MAKE CHECK OR MONEY ORDER PAYABLE TO: CHELTENHAM TOWNSHIP FINANCE OFFICER. MAIL TO: CHELTENHAM TOWNSHIP FINANCE OFFICER 8230 YORK ROAD ELKINS PARK, PA 19027-1589

FOR OFFICIAL USE ONLY

WHEN FILING YOUR RETURN, A COPY OF THE APPROPRIATE FEDERAL TAX SCHEDULE(S) MUST BE ATTACHED:
1. FORM 1040 SCHED. "C"
2. FORM 1065
3. FORM 1120
4. FORM 1040 SCHED. "E"