TOWNSHIP OF CHELTENHAM • Mercantile and Business Privilege Tax Return

FINAL RETURN 20 • ESTIMATED RETURN

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? ☐ YES ☐ NO

FINAL RETURN FOR YEAR ENDING DECEMBER 31, 20 — DUE APRIL 15, 2020

1. 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, 2020
   $ ________

6. ADD Interest of 1.25% per month of Line 4 if paid after April 15, 2020
   $ ________

7. Total Tax, Penalty, Interest Due for 20 [Add Lines 4, 5, & 6] or Credit
   $ ________

ESTIMATED TAX RETURN FOR YEAR ENDING DECEMBER 31, 20 — DUE APRIL 15, 2020

8. 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, 2020
    $ ________

11. ADD Interest of 1.25% per month if paid after April 15, 2020
    $ ________

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]
    $ ________

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, etc.)

Authorized person Preparing Return, if other than taxpayer:

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"