

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

DUE DATE: 5/15/24
 BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN
 CHESTER TWP. - 230102
 DELAWARE COUNTY, PENNSYLVANIA



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

(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. The tax return is not considered complete unless such documentation is attached. \$35 Minimum Tax Due.

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: Due Date 4/15/24 | | TAX YEAR 2024 | | | |
|---|--------------------------|--|----------------|----------|-------------------|
| (A SEPARATE LICENSE IS REQUIRED FOR EACH LOCATION) Note: If you have enclosed payment with the registration form or paid it prior to filing the annual return, please mark paid in section A and do not include the amount in your calculations. | 1. LICENSE FEE | | | | 25.00 |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL A (Sum of lines 1, 2, 3 and 4) | | | | | |
| B. ESTIMATED BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN | | TAX YEAR 2024 | | | |
| | GROSS VOLUME OF BUSINESS | EXEMPTIONS & EXCLUSIONS | TAXABLE VOLUME | TAX RATE | AMOUNT OF TAX DUE |
| 1. SERVICES | | | | 0.002 | |
| 2. RENTALS | | | | 0.002 | |
| 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 2023 | | | |
| | GROSS VOLUME OF BUSINESS | EXEMPTIONS & EXCLUSIONS | TAXABLE VOLUME | TAX RATE | AMOUNT OF TAX DUE |
| 1. SERVICES | | | | 0.002 | |
| 2. RENTALS | | | | 0.002 | |
| 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% (.1) OF TAX DUE | | INTEREST 1.252% (.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