



Marilyn Vitali Flynn
 Tax Collector
 441 Wyoming Avenue
 Scranton, Pa. 18503

2009

**BUSINESS PRIVILEGE &
 MERCANTILE TAX RETURN**

*BUSINESS PRIVILEGE & MERCANTILE RETURN
 CITY OF SCRANTON & SCRANTON SCHOOL DISTRICT*

*SINGLE TAX OFFICE
 (570) 963-6756
 Office Hours: 8:30 – 4:30*

REMIT TO:
MARILYN VITALI FLYNN
COLLECTOR OF TAXES
 Business Privilege & Mercantile
 P. O. BOX 1338
 SCRANTON, PA 18501

1. Owner's Name: _____
 Address: _____
2. Type of Business: _____
3. Federal ID Number: _____
4. Telephone Number: _____
5. Date Business Started: _____

Account Number: _____

Gross Receipts for Year Ended: **2008**

Return Due Date: **4/15/09**

Taxing Authority: SCRANTON SCHOOL DISTRICT

	Wholesale	Retail	Services	Total
6. Total Gross Receipts				
<i>Tax Rate</i>	0.000452	0.000679	0.005130	
7. Tax				
8. Deduct \$5.00 LST Paid*				
9. Net Tax Due				
10. Int. & Penalty 1%/month				
11. Total Tax Due				

Taxing Authority: CITY OF SCRANTON

	Wholesale	Retail	Services	Total
12. Total Gross Receipts				
<i>Tax Rate</i>	0.001	0.001	0.001	
13. Tax				
14. Int. & Penalty 1%/month				
15. Total Tax Due				

(Add lines 11 & 15) **GRAND TOTAL TAX DUE:**
 Make Checks Payable To: **Collector of Taxes**

*\$5.00 Maximum Only For Sole Proprietors in Services Classification

DATE: _____

DATE: _____

TAXPAYER SIGNATURE

I DECLARE UNDER PENALTIES PROVIDED FOR BY LAW THAT I HAVE EXAMINED THIS COMPLETE RETURN AND IT IS TRUE AND CORRECT.

Name: _____
 Title: _____
 Address: _____
 Telephone: _____

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

I DECLARE UNDER PENALTIES PROVIDED FOR BY LAW THAT I HAVE EXAMINED THIS COMPLETE RETURN AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name: _____
 Title: _____
 Address: _____
 Telephone: _____

Audit may be required if Proof of Gross Receipts is not included.