



William Fox
 Tax Collector
 100 The Mall at Steamtown, Unit 216
 Scranton, PA 18503

2016

**BUSINESS PRIVILEGE &
 MERCANTILE TAX RETURN**

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

SINGLE TAX OFFICE
 (570) 963-6756, Ext. 3119
 Office Hours: 8:30 – 4:30

REMIT & MAKE PAYABLE TO:
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: **2015**

Return Due Date: **4/15/16**

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*	\$5.00 Deduct On Services Only			
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>	0.001000	0.001000	0.001000	
13. Tax				
14. Int. & Penalty 1%/month				
15. Total Tax Due				
16. <input type="checkbox"/> Check Attached <input type="checkbox"/> Cash <input type="checkbox"/> Paid On-line (If paying on-line, you still must file this form and all attachments)				
(Add lines 11 & 15) GRAND TOTAL TAX DUE:				
<i>Pay online with eCheck or Credit or Debit Card (fee charged) at our website: www.scrantontaxoffice.org</i>				

*\$5.00 if Scranton LST paid for owner(s) - not employees - service classification only.

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: _____

Filing will be considered incomplete if FULL proof of forms (Sch. C, E, etc.) are not included with return, resulting in fees and penalties.

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