



**William L. Courtright**  
 Tax Collector  
 100 The Mall at Steamtown, Unit 216  
 Scranton, PA 18503

# 2012

**BUSINESS PRIVILEGE &  
 MERCANTILE TAX RETURN**

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

*SINGLE TAX OFFICE  
 (570) 963-6756, Ext. 6  
 Office Hours: 8:30 – 5:00*

REMIT TO:  
**WILLIAM L. COURTRIGHT**  
**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: **2011**

Return Due Date: **4/16/12**

**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*				
9. Net Tax Due				
10. Int. & Penalty 1%/month				
<b>11. Total Tax Due</b>				

**Taxing Authority: CITY OF SCRANTON**

	Wholesale	Retail	Services	Total
12. Total Gross Receipts				
<i>Tax Rate</i>	0.000875	0.000875	0.000875	
13. Tax				
14. Int. & Penalty 1%/month				
<b>15. Total Tax Due</b>				
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) <b>GRAND TOTAL TAX DUE:</b>				
Make Checks Payable To: <b>Collector of Taxes</b> or On-Line by credit or debit card at our website: <a href="http://www.scrantontaxoffice.org">www.scrantontaxoffice.org</a>				

\*\$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: \_\_\_\_\_

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