

Business Privilege & Mercantile Return/Bill

2018

Gross Receipts for Tax Year 2017

Original Due Date: 4/17/18

Name: _____
 Address: _____
 Address: _____
 City State Zip: _____
 Type of Business: _____
 FEIN or SS#: _____
 Contact #: _____
 Rental Start Date: _____
 If multiple units, please attach list with breakdown

This Bill Due By:

Acct #: _____

Make Check Payable to Collector of Taxes

Check:	<input type="checkbox"/>	ck number
Cash:	<input type="checkbox"/>	
Online:	<input type="checkbox"/>	date pd

If paid online you still must file form and all required attachments.

Taxing Authority: Scranton School District

	Wholesale	Retail	Service	Total
Total Gross Receipts	\$ -	\$ -	\$ -	
Tax Rate X	0.000452	0.000679	0.00513	
Deduct \$5 Sch EMS*				
Net Tax Due	\$ -	\$ -	\$ -	
Int/Pen 1% per month			\$ -	
Total Due School	\$ -	\$ -	\$ -	\$ -

Taxing Authority: City of Scranton

	Wholesale	Retail	Service	Total
Total Gross Receipts				
Tax Rate X	0.001	0.001	0.001	
Net Tax Due	\$ -	\$ -	\$ -	
Int/Pen 1% per month			\$ -	
Total Due City	\$ -	\$ -	\$ -	\$ -
Grand Total Due	Add lines A and B			\$ -

* \$5.00 deduction if Scranton EMS paid for owner(s)

 Taxpayer Signature

 Signature of Preparer if other than Taxpayer

I declare under penalties of law, that I have examined this completed return and it is true and correct to the best of my knowledge.

Name: _____
 Title: _____
 Email: _____
 Phone: _____

Name: _____
 Title: _____
 Email: _____
 Phone: _____

Return will not be accepted if Proof of Gross Receipts in not included