

IMPORTANT NOTICE

- NEW TAX FORMS – BUSINESS PRIVILEGE AND MERCANTILE TAX ARE NOW LISTED ON ONE TAX FORM
- NEW SEPARATE FORM FOR LICENSES FOR BUSINESS PRIVILEGE AND MERCANTILE. ONCE PAYMENT IS RECEIVED THE LICENSE WILL BE MAILED.
- BUSINESS PRIVILEGE AND MERCANTILE LICENSES AND TAXES ARE DUE BY **MAY 31, 2021**. ALL RETURNS ARE TO BE ACCOMPANIED BY APPROPRIATE DOCUMENTATION SUPPORTING THE INFORMATION REPORTED.
- ANY TAX FORMS RECEIVED AFTER MAY 31, 2021 WILL BE SUBJECT TO PENALTY AND INTEREST LISTED ON THE TAX FORMS.
- **BUSINESS PRIVILEGE LICENSES AND TAXES ARE REQUIRED FOR ALL HOME OFFICE WORKERS – RESIDENTS THAT ARE WORKING FROM THEIR HOME.** GROSS RECEIPTS EQUAL THE APPORTIONMENT OF SALARY, COMMISSION, BONUSES, ETC.
- SEPARATE CHECKS ARE REQUIRED FOR ALL TYPES OF TAXES – LICENSES, TAX RETURNS AND LST (LOCAL SERVICE TAX) PAYMENTS. **CHECKS CAN NOT BE COMBINED**
- ACCOUNT NUMBER AND ADDRESS MUST BE TYPED IF NOT USING OUR PREPRINTED FORMS. YOU MUST PROVIDE YOUR EIN OR SS# AND PHONE NUMBER. ALL FORMS MUST HAVE SIGNATURE, PRINTED NAME, OFFICIAL TITLE AND DATE.
- IF YOU ARE NOT SURE ON WHICH LICENSE BOX TO CHECK PLEASE CONTACT OUR OFFICE
- **ALL APPLICATIONS RECEIVED BLANK OR NOT COMPLETED IN FULL WILL BE RETURNED.**
- ANY COMPANY THAT DOESN'T APPLY FOR AN ANNUAL LICENSE COULD BE FINED
- COMING LATE JULY 2021, PAYMENTS CAN BE MADE ONLINE THROUGH E-CHECKS FOR AN ADDITIONAL \$1.95 CONVENIENCE FEE.
- COMING THE END OF SUMMER 2021, ONLINE CREDIT CARD PAYMENTS WILL BE AVAILBLE. PLEASE CHECK OUR WEBSITE FOR UPDATES.

SPRINGFIELD TOWNSHIP
50 POWELL ROAD
SPRINGFIELD, PA 19064
610-544-1300

www.springfielddelco.org

Anne Marie Pellegrino – Business Tax
610-544-1300 Ext 130

MERCANTILE & BUSINESS PRIVILEGE TAX RETURN FOR 2021	SPRINGFIELD TOWNSHIP 50 POWELL ROAD SPRINGFIELD, PA 19064 610-544-1300 www.springfielddelco.org	SEPARATE RETURN REQUIRED FOR EACH PLACE OF BUSINESS TAX DUE MAY 31, 2021 NO EXTENSIONS
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IMPORTANT: This return must be filed with full remittance on or before due date in order to avoid penalties and interest. Make check payable to: Springfield Township.

Business Name, Address and Phone Number 	<table style="width:100%;"> <tr> <td style="width:30px; text-align: center;">A</td> <td>ACCOUNT # _____</td> </tr> <tr> <td></td> <td>EIN # _____</td> </tr> <tr> <td></td> <td>AMENDED RETURN <input type="checkbox"/></td> </tr> <tr> <td></td> <td>FINAL RETURN <input type="checkbox"/></td> </tr> <tr> <td></td> <td>DATE BUSINESS TERMINATED _____</td> </tr> </table>	A	ACCOUNT # _____		EIN # _____		AMENDED RETURN <input type="checkbox"/>		FINAL RETURN <input type="checkbox"/>		DATE BUSINESS TERMINATED _____
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	EIN # _____										
	AMENDED RETURN <input type="checkbox"/>										
	FINAL RETURN <input type="checkbox"/>										
	DATE BUSINESS TERMINATED _____										

If A RENTAL LIST ADDRESS:

B ESTIMATED TAX FOR 2021	GROSS RECEIPTS	TAX RATE	TAX COMPUTATIONS
B1. Estimated RETAIL sales	B1 _____	.0015	B1 _____
B2. Estimated WHOLESale sales	B2 _____	.001	B2 _____
B3. Estimated TRADE sales	B3 _____	.00075	B3 _____
B4. Estimated SERVICE-Business Privilege and/or RENTAL gross receipts	B4 _____	.003	B4 _____
TOTAL B: SUM OF SECTION B			B _____

C FINAL TAX FOR 2020 RECONCILIATION	GROSS RECEIPTS	TAX RATE	TAX COMPUTATIONS
C1. Actual RETAIL sales	C1 _____	.0015	C1 _____
C2. Actual WHOLESale sales	C2 _____	.001	C2 _____
C3. Actual TRADE sales	C3 _____	.00075	C3 _____
C4. Actual SERVICE-Business Privilege and/or RENTAL gross receipts	C4 _____	.003	C4 _____
C5. Less exclusions or exemptions (Ord. #1024, Sec. 204). Please submit detailed supporting schedule			C5 (_____)
DOCUMENTATION TO SUPPORT GROSS RECEIPTS MUST BE ATTACHED TOTAL C: SUM OF SECTION C			C _____

D TAX DUE	
D1. Total tax payable (sum of TOTAL of lines B and C)	D1 _____
D2. LESS ESTIMATED TAX PAYMENT FROM 2020 RETURN	D2 (_____)
D3. DEBIT/CREDIT FROM PRIOR YEAR RETURN	D3 _____
TOTAL D: SUM OF SECTION D	D _____

E PENALTY AND INTEREST	
E1. Penalty (10% of line D starting with JUNE)	E1 _____
E2. Interest (1% per month late of line D starting JUNE)	E2 _____

LATE TAX FORMS WILL BE RETURNED IF NOT COMPLETED TOTAL E: Sum of lines E1+E2 **E** _____

TOTAL DUE: SUM OF LINES D AND E _____

I DECLARE UNDER PENALTY OF LAW, THAT ALL STATEMENTS HEREIN AND/OR IN SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

	Signature	
Signature of Person Preparing-If other than Taxpayer	Official Title	(Owner, Partner, President, etc.)
Name and address of Preparer's Firm	Date	