

BUSINESS PRIVILEGE TAX RETURN

2017

TOWNSHIP OF SPRINGFIELD
50 Powell Road
Springfield, PA 19064
610-544-1300

DUE 5/31/17

Name of Business _____

Business Address _____

_____ Phone # _____

Name(s) of True Owners _____

Owner's Address(es) _____

_____ Phone # _____

Type of Business _____

QUESTIONS

(Answer fully – use extra sheet if necessary)

- 1. Is this return based on a full year? Yes No
- 2. Date business started _____
- 3. If you terminated your business, give date _____
- 4. Do you lease any departments to others? Yes No If "yes", submit schedule showing details.
- 5. Number of employees at this location _____

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

Signature _____

Official Title _____ Date _____

(OWNER, PARTNER, PRESIDENT, ETC.)

SIGNATURE OF PERSON PREPARING RETURN – IF OTHER THAN TAXPAYER

NAME AND ADDRESS OF PREPARER'S FIRM

TELEPHONE #

↓ **(PLEASE DETACH YOUR LICENSE BELOW AT THE PERFORATION)** ↓

SPRINGFIELD TOWNSHIP – BUSINESS PRIVILEGE LICENSE 2017

Account No. _____

(For the year May 31, 2017 to May 31, 2018)

This license is to be conspicuously displayed upon payment and is valid only for the above named business and is issued in accordance with Ordinance No. 1024, enacted January 8, 1980 by the Township of Springfield, Delaware County, PA; under authority granted by the General Assembly of the Commonwealth of Pennsylvania, approved December 31, 1965, P.L. 1257 as amended.



TOWNSHIP MANAGER

PART "A" 2016 TAX REPORT

- 1. Estimated gross receipts on 2016 tax return \$ _____
- 2. Actual gross receipts for 2016 calendar year \$ _____
- PLEASE ATTACH APPROPRIATE COPY OF FEDERAL TAX FORM SUPPORTING GROSS RECEIPTS FIGURE**
- 3. Less exclusions or exemptions
(Ord. #1024, Sec. 204) Please submit detailed supporting schedule(\$ _____)
- 4. Total receipts upon which tax is payable \$ _____
- 5. Total tax due for 2016 – **3 mills (.003) x line #4** \$ _____

CREDITS:

- 6. 2016 **Estimated Tax** Payment (Do not include penalty and interest) Same as **line #9** on 2016 tax form.....(\$ _____)
- 7. Balance Due (or Credit) – line #5 minus line #6 for year ending December 31, 2016 \$ _____

PART "B" 2017 TENTATIVE REPORT

- 8. Estimated gross receipts. This figure should not be less than line #4 above
(if line #4 is not a 12 month figure, project a 12 month figure)..... \$ _____
- 9. 2017 Estimated Tax – **3 mills (.003) x line #8** \$ _____
- 10. Total Tax Due: (Add line #7 + line #9. If line #7 is a credit, subtract from line #9)..... \$ _____
- 11. Penalty (10% of line #10 after **June 1**) \$ _____
- 12. Interest (1% per each month late of line #10 starting with **June**)..... \$ _____
- 13. **LICENSE FEE** - 2017 - Fifty Dollars..... \$ **50.00**
- 14. TOTAL TAX & LICENSE FEE DUE (**line #10 + line #13**, plus Penalty and Interest, if applicable) \$ _____

INSTRUCTIONS

- 1. Fiscal year taxpayers must submit a schedule converting activity to a calendar year. Consolidated or combined return filers must show their 12 month gross receipts. (Jan.-Dec.) Computerized sales reports, manually prepared summaries and gross receipts portion of full year profit and loss statements would be acceptable.
- 2. This form must be prepared in its entirety. If not applicable, so state. Extensions are not accepted.
- 3. If your business is subject to both Business Privilege and Mercantile Tax, please send **SEPARATE CHECKS for each amount due**.
- 4. Make check payable to SPRINGFIELD TOWNSHIP. Mail to: Business Tax Office, 50 Powell Road, Springfield, PA 19064.

DUE ON OR BEFORE MAY 31, 2017