

**TOWNSHIP OF SPRINGFIELD  
MERCANTILE TAX RETURN  
(FIRST RETURN)**

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF OWNER OR OWNERS \_\_\_\_\_

OWNER'S OR OWNERS' ADDRESS(ES) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

		<b>TAX</b>
<b>1</b>	NEW BUSINESS: ESTIMATED TAXABLE RECEIPTS FOR YEAR ENDING DECEMBER 31, 20	
<b>2</b>	TAX DUE: (Enter from Line 6, Schedule "A" (Reverse Side) or minimum tax if applicable)	
<b>MAKE REMITTANCE PAYABLE TO – SPRINGFIELD TOWNSHIP – IN THIS AMOUNT</b> ▶		

**QUESTIONS**

(Answer fully – use extra sheet if necessary)

- |  |   |
|--|---|
| <p>1. Please check applicable block:<br/> <input type="checkbox"/> Individual   <input type="checkbox"/> Partnership   <input type="checkbox"/> Corporation<br/> <input type="checkbox"/> Other</p> <p>2. Is this return based on full year?<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3. Date business or other activity started _____</p> | <p>4. Number of full time employees _____</p> <p>5. Do you have any branch or other business located in Springfield?<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   If "yes" submit location.<br/>         _____</p> <p>6. Do you lease any departments to others?<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   If "yes" submit Schedule showing details.</p> |
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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 \_\_\_\_\_

Signature of Person Preparing – if other than Taxpayer \_\_\_\_\_ Official Title \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Partner, President, etc.)

**MAKE CHECK OR MONEY ORDER PAYABLE TO: SPRINGFIELD TOWNSHIP  
MAIL TO BUSINESS TAX OFFICE, MUNICIPAL BUILDING, 50 POWELL ROAD, SPRINGFIELD, PA 19064  
610-544-1300**

**SCHEDULE "A" – ESTIMATED TAX – NEW BUSINESS**

1. WHOLESALE				
(a) Gross receipts first full month .....	\$			
(b) Item (a) multiplied by number of months to December 31 .....	\$			
(c) Tax @ 1 Mill (.001) .....			\$ <u>                    </u>	
2. RETAIL				
(a) Gross receipts first full month .....	\$			
(b) Item (a) multiplied by number of months to December 31 .....	\$			
(c) TAX @ 1 1/2 Mills (.0015) .....			\$ <u>                    </u>	
3. TRADE RESALES				
(a) Gross receipts first full month .....	\$			
(b) Item (a) multiplied by number of months to December 31 .....	\$			
(c) Tax @ 3/4 Mill (.00075) .....			\$ <u>                    </u>	
4. TOTAL ESTIMATED TAX (Sum of lines 1c, 2c and 3c) .....				\$ <u>                    </u>
5. (a) Penalty (See instructions below) .....				\$ <u>                    </u>
(b) Interest (See instructions below) .....				\$ <u>                    </u>
6. TOTAL ESTIMATED TAX, PLUS PENALTY AND INTEREST, IF APPLICABLE .....				\$ <u><u>                    </u></u>

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**INSTRUCTIONS**

1. **NEW BUSINESS** – TAX MUST BE PAID WITHIN 60 DAYS AFTER OPENING DATE OF BUSINESS.
2. **LATE FILING** – Penalty of 10% of tax plus interest at rate of 1% per month (a fraction of a month is considered a full month) to be added if filed after due date.
3. **MINIMUM TAX** – \$10.00 for each place of business. See Sec. 129.53 of Mercantile Tax Ordinance.
4. **This form must be prepared in its entirety. If not applicable, so state.**
5. **TAX EXCLUSIONS** – Federal excise taxes and the Pennsylvania Liquid Fuels Tax may be excluded from the gross volume of business, provided such taxes are separately stated on the evidence of charge or sale.