

TOWNSHIP OF LOWER MERION  
 MBP TAX COLLECTOR  
 75 E. LANCASTER AVENUE  
 ARDMORE, PA 19003-2376

Self Calculating PDF form available at  
 www.lowermerion.org  
 EMAIL: BusinessTax@lowermerion.org

# 2013

## BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN

|                                  |   |
|----------------------------------|---|
| <b>ACCOUNT NUMBER</b>            | <b>RETURN DUE: April 15, 2014</b>   |
| <b>TAXPAYER NAME AND ADDRESS</b> | <ul style="list-style-type: none"> <li>➤ <b>ROUND</b> numbers to the nearest whole dollar</li> <li>➤ <b>READ</b> instructions before completing</li> <li>➤ <b>ATTACH</b> required federal tax return</li> <li>➤ <b>ATTACH</b> state/local returns if excluding receipts</li> <li>➤ <b>SIGN</b> and date your return and make checks payable to<br/>Treasurer, Township of Lower Merion</li> </ul> |
|                                  | <input type="checkbox"/> AMENDED <input type="checkbox"/> BUSINESS CLOSED IN 2013<br>Enter Date: _____  |

**BUSINESS PRIVILEGE TAX** (Enter receipts from services in this section)

|   |                                 |      |
|---|---------------------------------|------|
| 1. TOTAL 2013 GROSS RECEIPTS:<br>(MUST attach federal return or other required documentation - SEE INSTRUCTIONS)      | 1                               | .00  |
| 2. EXCLUSIONS -DESCRIPTION: _____<br>(MUST complete description and attach required documentation - SEE INSTRUCTIONS) | 2                               | .00  |
| 3. TAXABLE GROSS RECEIPTS (Line 1 minus Line 2)   | 3                               | .00  |
| 4. TAX DUE (Line 3 X .0015)   | 4                               | .00  |
| 5. 2014 ESTIMATED TAX DUE PAYMENT (Must equal line 4)   | 5                               | .00  |
| 6. TOTAL BUSINESS PRIVILEGE TAX DUE (Line 4 plus Line 5)  | 6                               | .00  |
| 7. PAYMENTS - Enter 2013 Estimated Tax/Extension payments   | 7(                              | .00) |
| 8. TOTAL BUSINESS PRIVILEGE TAX DUE (Line 6 minus 7)<br>** If Credit, check box next to field **                      | 8                               | .00  |
|   | Credit <input type="checkbox"/> |      |

**MERCANTILE TAX** (Enter receipts from retail or wholesale activities only)

|   |                                 |      |
|---|---------------------------------|------|
| 9. TOTAL 2013 RETAIL/WHOLESALE GROSS RECEIPTS (See instructions)<br>(MUST attach federal return or other required documentation - SEE INSTRUCTIONS) | 9                               | .00  |
| 10. EXCLUSIONS - Description: _____<br>(MUST complete description and attach required documentation - SEE INSTRUCTIONS)                             | 10                              | .00  |
| 11. TAXABLE GROSS RECEIPTS (Line 9 minus Line 10)   | 11                              | .00  |
| 12. TAX DUE (Line 11 X .001)  | 12                              | .00  |
| 13. 2014 ESTIMATED TAX PAYMENT (Must equal line 12)   | 13                              | .00  |
| 14. TOTAL MERCANTILE TAX DUE (Line 12 plus Line 13)   | 14                              | .00  |
| 15. PAYMENTS - Enter 2013 Estimated Tax/Extension payments  | 15(                             | .00) |
| 16. TOTAL MERCANTILE TAX DUE (Line 14 minus Line 15)<br>** If Credit, check box next to field **  | 16                              | .00  |
|   | Credit <input type="checkbox"/> |      |
| 17. TOTAL TAX DUE ( ADD lines 8, 16 )<br>** If Credit, check box next to field **   | 17                              | .00  |
|   | Credit <input type="checkbox"/> |      |

**PENALTY AND INTEREST - must be completed if return postmarked or filed after due date and Line 17 shows a balance due**

|  |    |     |
|--|----|-----|
| 18. Penalty (Line 17 X .10)  | 18 | .00 |
| 19. Interest (Line 17 X .015 X# of Months Late)  | 19 | .00 |
| 20. TOTAL TAX, PENALTY AND INTEREST DUE (Add Lines 17, 18 and 19)<br>If Line 20 is a credit, please check one: <input type="checkbox"/> REFUND <input type="checkbox"/> CREDIT NEXT YEAR | 20 | .00 |

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

|   |             |  |             |
|---|-------------|--|-------------|
| Print Name (Owner or Authorized Person) | Telephone # | Print Name of Person Preparing Return (if other than taxpayer) | Telephone # |
| Signature (Owner or Authorized Person)  | Date        | Address of person preparing if (other than taxpayer)           | Date        |