

Tax Year:

CITY OF POTTSVILLE
BUSINESS PRIVILEGE TAX RETURN

CONFIDENTIAL

Business Address in (Pottsville):
Complete if different than Mailing Address

NAME:

ADDRESS:

CITY, STATE, ZIP

MAILING ADDRESS:

TYPE OF RETURN: (Check appropriate block)

- ANNUAL (Due May 15 each Tax Year)
NEW BUSINESS (Due 105 Days after Business Start Date)
TEMPORARY/SEASONAL/ITINERANT
FINAL (Due 15 Days from date Business is Terminated)

Thank you for doing business in Pottsville.

COMPUTATION OF AMOUNT DUE
(General Instructions for completing appear on reverse side).

Table with 5 columns: INDICATE VOLUME OF BUSINESS TRANSACTED:, WHOLESAL +, RETAIL +, RENTAL/SERVICE =, TOTAL. Rows include Gross Volume of Business, Tax Rate, Total Amount of Tax, Penalty, Interest, and Total Amount Due.

BUSINESS HISTORY: Indicate day, month and year you started or terminated your business in Pottsville:

Start Date: Termination Date:

CERTIFICATION: Where the Taxpayer is an individual that person shall sign the return. A Partnership return should be signed by at least one of the General Partners. A Corporation Return must be signed by the Officer of the Corporation authorized to file tax returns.

I declare under Penalties of Perjury that this return has been examined by me and to the best of my knowledge and belief, it is true, correct, and complete. I also understand that this return must be signed and supporting documents attached.

AUTHORIZED SIGNATURE: TITLE:

DATE:

NOTE: A Stamped Self-Addressed Envelope must be provided if you desire a receipt by return mail.

TREASURER COPY

For Office Use Only