

FINAL RETURN MERCANTILE TAX

BOROUGH OF WEST MIFFLIN

ACCOUNT NUMBER _____

NAME OF BUSINESS: _____

ADDRESS: _____

EIN: _____

RETURN COVERS _____ OR PERIOD _____ TO _____
YEAR FROM

1. TOTAL GROSS VOLUME (ACTUAL).....\$ _____

2. TOTAL EXCLUSIONS AND/OR EXEMPTIONS CLAIMED.....\$ _____

3. TAXABLE GROSS VOLUME (LINE 1 MINUS LINE 2).....\$ _____

4. TOTAL TAX (LINE 3 X _____).....\$ _____

APPLICABLE RATE

Indicate applicable rate from below

WHOLESALE VENDOR .00050

RETAIL VENDOR & RESTAURANT .00075

LESS:

5. CREDIT FROM _____ \$ _____
YEAR

6. PAID ON ESTIMATE\$ _____

7. TAX DUE (LINE 4 MINUS LINES 5 & 6).....\$ _____

8. PENALTY & INTEREST @ 1.5% (0.015) PER MONTH.....\$ _____

9. TOTAL PAYMENT DUE FEB. 28 (LINE 7 PLUS LINE 8).....\$ _____

*** NOTE: UNSIGNED RETURNS WILL NOT BE ACCEPTED, FINAL RETURN DUE FEB. 28**

MAKE CHECK OR MONEY ORDER PAYABLE TO: LEGAL TAX SERVICE, INC.
PO BOX 10060
PITTSBURGH, PA 15236-6060

X: _____
SIGNATURE DATE