

ENTER FISCAL YEAR: _____

WEST MIFFLIN AREA SCHOOL DISTRICT ESTIMATED QUARTERLY BUSINESS PRIVILEGE TAX

Business Name: _____ Federal Tax ID No: _____
Owner(s) Name(s): _____ Nature of Business: _____
Tax Mailing Address: _____ Phone Number: _____
_____ Date Operation Began in District: _____

Type of Business Individual Partnership Corporation Non-Profit Organization
(Check each that applies)

PLEASE SELECT QUARTERLY REPORT PERIOD:
 July through September-----Due October 31
 October through December-----Due January 31
 January through March-----Due April 30

TYPE OF BUSINESS	A = TOTAL GROSS VOLUME	B = EXEMPTIONS	C = EXCLUSIONS	D = TAXABLE VOLUME A - (B + C)	E = TAX RATE	F = TOTAL AMOUNT DUE (D x E)
SERVICES:					.006	
COMMISSIONS:					.006	
RENTALS:					.006	
OTHER:					.006	
					TOTAL TAX DUE	
					PENALTY AND INTEREST @ 1% PER MONTH	
					TOTAL PAYMENT	

IF YOUR BUSINESS HAS CLOSED PLEASE FURNISH THE FOLLOWING INFORMATION:

Date Business Closed: _____ Telephone Number: _____

Forwarding Address of Owner or officers: _____

CERTIFICATION

I declare under the penalties of perjury that this return (including any accompanying schedule(s) and statement(s)) has been examined by me and to the best of my knowledge and belief is a true and correct return.

Signature of Person Other Than Taxpayer Preparing Return

Date

Signature of Taxpayer

Please make check payable and remit to:
Legal Tax Service Inc.
PO Box 10060
Pittsburgh, PA 15236-6060
Phone: (412) 464-9997 Fax: (412) 464-9970
Office Hours: 8:30 A.M. to 4:30 P.M. / Monday through Friday
Download Forms @ legaltaxservice.com