

READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

<p>2015 CITY OF BETHLEHEM & BETHLEHEM AREA SCHOOL DISTRICT</p> <p>BUSINESS PRIVILEGE AND MERCANTILE TAX RETURN FINAL RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2015 VOLUME OF BUSINESS: JANUARY 1, 2015 THROUGH DECEMBER 31, 2015 LICENSE FEE PERIOD: MAY 1, 2016 THROUGH APRIL 30, 2017 Due Date May 2, 2016</p>	<p>OFFICIAL USE ONLY</p>
	<p>DATE REC'D _____ AMT REC'D _____</p> <p>CHECK NO _____ BATCH NO _____</p>

	BUSINESS ACCOUNT NUMBER: _____	EIN/SSN: _____
	BUSINESS LOCATION: _____	
	DID YOU TERMINATE / MOVE THIS BUSINESS <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MOVED DATE: _____	IF MOVED, WHERE? _____
	<input type="checkbox"/> NON-PROFIT <input type="checkbox"/> MANUFACTURER	

ENTER WHOLE DOLLAR AMOUNTS ONLY <small>A return must be filed even if you have no gross receipts</small>	DOLLARS	NO CENTS
1. Sales or Gross Receipts (January 2015 to December 2015 only)	1.	00
2. Exclusions (Must attach written proof)	2.	00
3. Taxable Gross Receipts (Line 1 Less Line 2)	3.	00
FINAL RETURN FOR YEAR ENDED DECEMBER 31, 2015	RECEIPTS FROM LINE ABOVE	TAX COMPUTATIONS
4. Wholesale	4. _____ x .001	4. _____ 00
5. Retail	5. _____ x .0015	5. _____ 00
6. Service	6. _____ x .0015	6. _____ 00
7. Rental / Other Income	7. _____ x .0015	7. _____ 00
8. Total (add Lines 4, 5, 6, & 7)	8. _____	8. _____ 00
9. Deduct amount already paid on Musikfest, Celticfest, Christkindlmarket, or other special events (see back of form)	9. _____	9. _____ 00
10. Total Tax Due, or Credit (Line 8 Less Line 9)	10. _____	10. _____ 00
ESTIMATED TAX RETURN FOR YEAR ENDING DECEMBER 31, 2016	11. N/A	11. _____ 00
11. Estimated Tax (Must use amount shown on Line 8)		
TOTAL TAX DUE IF PAID BY MAY 2, 2016	12. _____	12. _____ 00
12. Add Line 10 and Line 11		
PENALTY AND INTEREST IF TAX PAID AFTER MAY 2, 2016	13. _____	13. _____ 00
13. Add: 10% Penalty if paid after May 2, 2016 (multiply Line 12 x 10%)	14. _____	14. _____ 00
14. Add: 1% Penalty per month or part thereof (multiply Line 12 x 1% x No. of months)	15. _____	15. _____ 00
15. TOTAL TAX, PENALTY AND INTEREST (Add Lines 12,13, & 14)		
LICENSE FEE	16. 25 x _____ =	16. _____ 00
16. 2016 Annual License Fee or Non-Profit Admin Fee (separate License for each location, \$25 per location) (Exemption for HIC License, provide HIC # _____ and Expiration Date _____)		
17. Total Amount Due (Add Lines 15 & 16)	17. _____	17. _____ 00

Any Work Papers containing calculations used to determine Gross Receipts and copies of Federal Returns shall be attached to this return. Tax return will not be considered complete unless such documents are attached.

Make Check Payable to: **CITY OF BETHLEHEM**

SEND ORIGINAL WITH PAYMENT - MAKE A COPY FOR YOUR RECORDS

I declare under penalty of law that all statements made here and/or in supporting schedules are true, correct and complete to the best of my knowledge and belief.

Mail Return and Payment to: **TRI-STATE FINANCIAL GROUP**
PO BOX 38
BRIDGEPORT, PA 19405
610-270-9520

Print Name _____	Telephone Number _____
Signature _____	Date _____
Signature of Person Preparing Return (if other than taxpayer) _____	Date _____
Address of Preparer _____	Telephone Number _____

"As required by Pennsylvania law, Bethlehem City will provide upon request a disclosure statement explaining to the taxpayer their rights in certain tax proceedings involving the City."

FORM MUST BE PREPARED IN ITS ENTIRETY, SIGNED AND DATED. IF NOT THE FORM WILL BE RETURNED AND PENALTY AND INTEREST ADDED UNTIL COMPLETED FORM IS RECEIVED.