

# 2019 Borough Canonsburg

## Mercantile Tax Form

Company Name and Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please make checks payable to:

Canonsburg Borough  
68 East Pike Street Ste 101  
Canonsburg, PA 15317

Office Hours: Monday - Friday 9am – 4pm

Phone: 724-745-5310

In case we should have questions about this return  
please provide a contact name and phone number:

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

### 1<sup>st</sup> QUARTER 2019 (JAN-FEB-MAR) DUE – APRIL 30, 2019

*Please complete each section and total at the end.*

Section 1: MERCANTILE TAX DUE	TAXABLE GROSS VOLUME AFTER EXCLUSIONS* (Carried from line 9)	TAX RATE	TOTAL AMOUNT OF TAX DUE
Retail and Wholesale Volume for 1 <sup>st</sup> Quarter 2019 →	X	.001	
Penalties & Interest	1.5% per month of delinquency beginning May 1, 2019		
<b>Total Amount Due</b> →			

\*See below for computation of exclusions

#### COMPUTATION OF GROSS VOLUME

<b>Line 1</b>	<b>Total Gross Volume for 1<sup>st</sup> Quarter 2019:</b>	\$ _____
<i>EXCLUSIONS</i>		
Line 2	Federal Admission Tax paid	\$ _____
Line 3	Federal Retailer's Excise Tax paid	\$ _____
Line 4	Alcoholic Beverage Sales	\$ _____
Line 5	Pennsylvania Liquid Fuels Tax paid	\$ _____
Line 6	Non-Merchandise Sales	\$ _____
Line 7	Cigarette Tax and Light Bulb Taxes paid	\$ _____
<b>Line 8</b>	<b>Total Exclusions</b>	\$ _____
<b>Line 9</b>	<b>Taxable Gross Volume (Subtract Line 8 from Line 1)</b> Carry this amount to section 1	\$ _____

I declare the information given here to be true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_