

**TRINITY AREA SCHOOL DISTRICT**  
**TOWNSHIPS OF CANTON, NORTH FRANKLIN, AND SOUTH STRABANE**  
**LAURA KEISLING**  
**MERCANTILE TAX COLLECTOR**  
**550 WASHINGTON ROAD**  
**WASHINGTON PA 15301**  
**724-225-7244 (TELEPHONE) OR LKEIS@YMAIL.COM(EMAIL ADDRESS)**

Please find enclosed Mercantile Tax forms to be filed with the Trinity Area School District and the Townships of North Franklin, Canton, and South Strabane for the first, second, third, and fourth quarters of 2015. **Note that merchants whose businesses are located in the Trinity Area School District in the Townships of North Franklin, Canton, and South Strabane are to pay mercantile taxes due to the Trinity Area School District and the above-noted townships to Laura Keisling, Collector. The total rate for the district and townships is 0.0015 for retail sales and 0.0010 for wholesale sales.**

Please review your mercantile tax records for payments that were made for the four quarters of 2015 to determine if all quarterly payments have been made accurately. **Please complete and return the below mercantile tax reconciliation form to me by 4/15/2016.**

**BUSINESS NAME AND LOCAL PHYSICAL**

**LOCATION** \_\_\_\_\_

**MERCANTILE TAX CONTACT:**

**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MAILING ADDRESS FOR TAX FORMS** \_\_\_\_\_

**FAX** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

<i>2015 Mercantile Tax Reconciliation Form</i>					
Quarter	Gross Receipts		Tax Due	Tax Paid	Additional Tax/Penalty Due
01/01/15-03/31/15	Wholesale:				
	Retail:				
04/01/15-06/30/15	Wholesale:				
	Retail:				
07/01/15-09/30/15	Wholesale:				
	Retail:				
10/01/15-12/31/15	Wholesale:				
	Retail:				
<b>Totals</b>					
<b>Balance due for Y/E 12/31/2015:</b>					

**SIGNATURE OF PREPARER/TITLE** \_\_\_\_\_

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Please review your mercantile tax records for payments that were made for the four quarters of 2014 to determine if all quarterly payments have been made accurately. **Please complete and return the below mercantile tax reconciliation form to me by 4/15/2015.**

**BUSINESS NAME AND LOCAL PHYSICAL LOCATION** \_\_\_\_\_

**MERCANTILE TAX CONTACT:**  
**NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MAILING ADDRESS FOR TAX FORMS** \_\_\_\_\_

**FAX** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

<i>2014 Mercantile Tax Reconciliation Form</i>				
Quarter	Gross Receipts	Tax Due	Tax Paid	Additional Tax/Penalty Due
01/01/14- 03/31/14	Wholesale:			
	Retail:			
04/01/14- 06/30/14	Wholesale:			
	Retail:			
07/01/14- 09/30/14	Wholesale:			
	Retail:			
10/01/14- 12/31/14	Wholesale:			
	Retail:			
<b>Totals</b>				
<b>Balance due for Y/E 12/31/2014:</b>				

**SIGNATURE OF PREPARER/TITLE** \_\_\_\_\_