

TRINITY SCHOOL DISTRICT (SOUTH STRABANE TOWNSHIP)
QUARTERLY MERCANTILE TAX RETURN

Make checks payable to:
LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

1

1st QUARTER - JANUARY 1 THRU MARCH 31
PAYMENT DUE BY 04/30/2017

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter _____ \$ _____
Less: Total exemptions and exclusions
(as itemized below) _____ \$ _____
TAXABLE VOLUME FOR QUARTER _____ \$ _____

II. COMPUTATION OF TAX

Retail volume _____ \$ _____
Tax at .00150 _____ \$ _____
Wholesale volume _____ \$ _____
Tax at .00100 _____ \$ _____
TOTAL TAX _____ \$ _____
Penalties & Interest (1% per month on delinquent tax) _____ \$ _____
TOTAL AMOUNT DUE COLLECTOR _____ \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax _____ \$ _____
2. Alcoholic Beverage Tax _____ \$ _____
3. Pennsylvania Liquid Fuels Tax _____ \$ _____
4. Cigarette Tax _____ \$ _____
5. Other (describe in detail & attach list) _____ \$ _____
TOTAL EXEMPTIONS and EXCLUSIONS _____ \$ _____

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

Signature _____

Title _____ Date _____

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WASHINGTON, PA 15301
(724) 225-7244

Name _____
Type or print

Phone _____ Fax _____

e-mail _____

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2

2nd QUARTER - APRIL 1 THRU JUNE 30
PAYMENT DUE BY 07/31/2017

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter _____ \$ _____
Less: Total exemptions and exclusions
(as itemized below) _____ \$ _____
TAXABLE VOLUME FOR QUARTER _____ \$ _____

II. COMPUTATION OF TAX

Retail volume _____ \$ _____
Tax at .00150 _____ \$ _____
Wholesale volume _____ \$ _____
Tax at .00100 _____ \$ _____
TOTAL TAX _____ \$ _____
Penalties & Interest (1% per month on delinquent tax) _____ \$ _____
TOTAL AMOUNT DUE COLLECTOR _____ \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax _____ \$ _____
2. Alcoholic Beverage Tax _____ \$ _____
3. Pennsylvania Liquid Fuels Tax _____ \$ _____
4. Cigarette Tax _____ \$ _____
5. Other (describe in detail & attach list) _____ \$ _____
TOTAL EXEMPTIONS and EXCLUSIONS _____ \$ _____

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

Signature _____
Title _____ Date _____
Name _____
Type or print
Phone _____ Fax _____
e-mail _____

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3

3rd QUARTER - JULY 1 THRU SEPTEMBER 30
PAYMENT DUE BY 10/31/2017

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter _____ \$ _____
Less: Total exemptions and exclusions
(as itemized below) _____ \$ _____
TAXABLE VOLUME FOR QUARTER _____ \$ _____

II. COMPUTATION OF TAX

Retail volume _____ \$ _____
Tax at .00150 _____ \$ _____
Wholesale volume _____ \$ _____
Tax at .00100 _____ \$ _____
TOTAL TAX _____ \$ _____
Penalties & Interest (1% per month on delinquent tax) _____ \$ _____
TOTAL AMOUNT DUE COLLECTOR _____ \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax _____ \$ _____
2. Alcoholic Beverage Tax _____ \$ _____
3. Pennsylvania Liquid Fuels Tax _____ \$ _____
4. Cigarette Tax _____ \$ _____
5. Other (describe in detail & attach list) _____ \$ _____
TOTAL EXEMPTIONS and EXCLUSIONS _____ \$ _____

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

Signature _____

Title _____ Date _____

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Name _____
Type or print

Phone _____ Fax _____

e-mail _____

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4

4th QUARTER - OCTOBER 1 THRU DECEMBER 31
PAYMENT DUE BY 01/31/2018

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter _____ \$ _____
Less: Total exemptions and exclusions
(as itemized below) _____ \$ _____
TAXABLE VOLUME FOR QUARTER _____ \$ _____

II. COMPUTATION OF TAX

Retail volume _____ \$ _____
Tax at .00150 _____ \$ _____
Wholesale volume _____ \$ _____
Tax at .00100 _____ \$ _____
TOTAL TAX _____ \$ _____
Penalties & Interest (1% per month on delinquent tax) _____ \$ _____
TOTAL AMOUNT DUE COLLECTOR _____ \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax _____ \$ _____
2. Alcoholic Beverage Tax _____ \$ _____
3. Pennsylvania Liquid Fuels Tax _____ \$ _____
4. Cigarette Tax _____ \$ _____
5. Other (describe in detail & attach list) _____ \$ _____
TOTAL EXEMPTIONS and EXCLUSIONS _____ \$ _____

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

Signature _____
Title _____ Date _____
Name _____
Type or print
Phone _____ Fax _____
e-mail _____

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