

Business Privilege/Mercantile Tax

BERKS EARNED INCOME TAX BUREAU | 1125 Berkshire Blvd | Suite 115 | Wyomissing, PA 19610

Phone 610-372-8439 | Fax 610-372-1102 | Email beitb@berkseit.com

TAX YEAR: _____

Quarter (if applicable): _____

TAX IMPOSED BY: _____

	A. GROSS VOLUME OF BUSINESS	B. MUNICIPAL TAX	C. SCHOOL TAX	D. TOTAL
WHOLESALE				
MUNICIPAL TAX RATE	(GROSS X RATE):			
SCHOOL DISTRICT TAX RATE	(GROSS X RATE):			
1. Total Wholesale Tax	(MUNICIPAL TAX PLUS SCHOOL DISTRICT TAX)			1.
	A. GROSS VOLUME OF BUSINESS	B. MUNICIPAL TAX	C. SCHOOL TAX	D. TOTAL
RETAIL				
MUNICIPAL TAX RATE	(GROSS X RATE):			
SCHOOL DISTRICT TAX RATE	(GROSS X RATE):			
2. Total Retail Tax	(MUNICIPAL TAX PLUS SCHOOL DISTRICT TAX)			2.
	A. GROSS VOLUME OF BUSINESS	B. MUNICIPAL TAX	C. SCHOOL TAX	D. TOTAL
SERVICE				
MUNICIPAL TAX RATE	(GROSS X RATE):			
SCHOOL DISTRICT TAX RATE	(GROSS X RATE):			
3. Total Service Tax	(MUNICIPAL TAX PLUS SCHOOL DISTRICT TAX)			3.
	A. GROSS VOLUME OF BUSINESS	B. MUNICIPAL TAX	C. SCHOOL TAX	D. TOTAL
RENTAL				
MUNICIPAL TAX RATE	(GROSS X RATE):			
SCHOOL DISTRICT TAX RATE	(GROSS X RATE):			
4. Total Rental Tax	(MUNICIPAL TAX PLUS SCHOOL DISTRICT TAX)			4.
5. SUBTOTAL	(TOTAL LINES 1, 2, 3 & 4)			5.
6. DISCOUNT (where applicable)				6.
7. PENALTY				7.
8. INTEREST				8.
9. TOTAL DUE				9.

Please make checks payable to Berks EIT Bureau

Local Business Location: _____

Account Number: _____
(If not already registered with Berks EIT Bureau, please complete the appropriate registration form.)

Business: _____

Address: _____

I declare that the facts set forth herein are made subject to the penalties of 18 pa C.S. Sec 4904 relative to unsworn falsifications to authorities.

Sign _____ Date _____