

# City of Monongahela

Pennsylvania

Make Checks Payable To:  
City of Monongahela

449 West Main Street  
Monongahela, Pa 15063



Phone: 724.258.9024

Hours:

Monday - Friday  
9:00am - 12:00pm  
1:00pm - 4:00pm

## Office of City Treasurer

### MERCANTILE TAX RETURN FOR THE YEAR 2015

Nature of Business: \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Phone No: \_\_\_\_\_

#### RETAIL VENDOR

1. TOTAL GROSS VOLUME FOR THE 2014 \_\_\_\_\_
2. GROSS TAX DUE ( line 1 x .00075) \_\_\_\_\_
3. TOTAL DUE ( the larger of \$20.00 or line 2) \_\_\_\_\_
4. IF PAID AFTER JUNE 30, Enter the amount from line 3 \_\_\_\_\_
5. PENALTY ( line 4 x .05) \_\_\_\_\_
6. INTEREST (line 4 x .01 x no. of months past due) \_\_\_\_\_
7. TOTAL RETAIL DUE ( line 3 or after due date, line 4+line 5+line 6) \_\_\_\_\_

#### WHOLESALE VENDOR

1. TOTAL GROSS VOLUME FOR THE 2014 \_\_\_\_\_
2. GROSS TAX DUE ( line 1 x .0005) \_\_\_\_\_
3. TOTAL DUE ( the larger of \$30.00 or line 2) \_\_\_\_\_
4. IF PAID AFTER JUNE 30, Enter the amount from line 3 \_\_\_\_\_
5. PENALTY ( line 4 x .05) \_\_\_\_\_
6. INTEREST (line 4 x .01 x no. of months past due) \_\_\_\_\_
7. TOTAL WHOLESALE DUE ( line 3 or after due date, line 4+line 5+line 6) \_\_\_\_\_

I declare under the penalties of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date