

Make Checks Payable to:

Borough of West View  
441 Perry Highway  
Pittsburgh, PA 15229

**QUARTERLY  
BUSINESS  
PRIVILEGE AND  
MERCANTILE  
TAX RETURN**

**WEST VIEW BOROUGH  
NORTH HILLS SCHOOL DISTRICT  
ALLEGHENY COUNTY, PENNSYLVANIA**

412-931-1995

2018

**IMPORTANT:** This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties. All businesses must provide Schedule C's and/or other appropriate Federal Schedules. Explain fully any differences between the gross volume on reverse.

**OWNERSHIP  
BUSINESS NAME AND ADDRESS:**

**FOR OFFICIAL USE ONLY**

ACCOUNT NO: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
LICENSE NO. ISSUED: \_\_\_\_\_  Check  Money Order

INDICATE TYPE OF BUSINESS:  New  Itinerant  Seasonal  
 Transient  Established

A. ACCOUNT NUMBER:

INDICATE INCOME BASE:  Estimated Business  Actual Business

B. DATE LOCAL OPERATION BEGAN:

C. NATURE OF BUSINESS:  Retail  Wholesale  Retail  Manufacturing\*  Service\*  Trade  Construction  Fabricating\*  Amusement  
 Other: \_\_\_\_\_ \* EXPLAIN METHODS USED ON REVERSE SIDE.

**PLEASE COMPLETE PROPER SECTION**

MERCANTILE TAX		GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
MERCANTILE TAX: 1. TAX	LICENSE (FOR EACH PLACE OF BUSINESS)	X	.00150	
		PER YEAR	\$ 10.00	
WHOLESALE BUSINESS: 2. TAX	LICENSE (FOR EACH PLACE OF BUSINESS)	X	.00100	
		PER YEAR	\$ 10.00	
<b>TOTAL TAX DUE (Total of 1 and 2)</b> _____				
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT				
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT				
<b>3. TOTAL MERCANTILE PAYMENT DUE</b> _____				
BUSINESS PRIVILEGE TAX		GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
*SERVICE: 4. TAX	LICENSE (FOR EACH PLACE OF BUSINESS)	X	.00150	
			N/A	
RENTALS: 5. TAX	LICENSE (FOR EACH PLACE OF BUSINESS)	X	.00150	
			N/A	
<b>TOTAL TAX DUE (Total of 4 and 5)</b> _____				
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT				
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT				
<b>6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE</b> _____				
<b>TOTAL TAX DUE</b>				

1ST QTR - 2018

JANUARY 1 THRU MARCH 31

DUE DATE APRIL 30, 2018

**AFFIRMATION:** I hereby certify under penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of preparer (if other than taxpayer) \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Type of print \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.

Make Checks Payable to:

Borough of West View  
441 Perry Highway  
Pittsburgh, PA 15229

**QUARTERLY  
BUSINESS  
PRIVILEGE AND  
MERCANTILE  
TAX RETURN**

**WEST VIEW BOROUGH  
NORTH HILLS SCHOOL DISTRICT  
ALLEGHENY COUNTY, PENNSYLVANIA**

412-931-1995

2018

**IMPORTANT:** This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties. All businesses must provide Schedule C's and/or other appropriate Federal Schedules. Explain fully any differences between the gross volume on reverse.

OWNERSHIP  
BUSINESS NAME AND ADDRESS:

**FOR OFFICIAL USE ONLY**

ACCOUNT NO: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
LICENSE NO. ISSUED: \_\_\_\_\_  Check  Money Order

INDICATE TYPE OF BUSINESS:  New  Itinerant  Seasonal  
 Transient  Established

A. ACCOUNT NUMBER:

INDICATE INCOME BASE:  Estimated Business  Actual Business

B. DATE LOCAL OPERATION BEGAN:

C. NATURE OF BUSINESS:  Retail  Wholesale  Retail  Manufacturing\*  Service\*  Trade  Construction  Fabricating\*  Amusement  
 Other: \_\_\_\_\_ \* EXPLAIN METHODS USED ON REVERSE SIDE.

**PLEASE COMPLETE PROPER SECTION**

MERCANTILE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
MERCANTILE TAX: 1. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 10.00	
WHOLESALE BUSINESS: 2. TAX	<input checked="" type="checkbox"/>	.00100	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 10.00	
<b>TOTAL TAX DUE (Total of 1 and 2)</b> _____			
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
<b>3. TOTAL MERCANTILE PAYMENT DUE</b> _____			
BUSINESS PRIVILEGE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
*SERVICE: 4. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
RENTALS: 5. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
<b>TOTAL TAX DUE (Total of 4 and 5)</b> _____			
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
<b>6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE</b> _____			
<b>TOTAL TAX DUE</b>			

2ND QTR - 2018

APRIL 1 THRU JUNE 30

DUE DATE JULY 31, 2018

**AFFIRMATION:** I hereby certify under penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of preparer (if other than taxpayer) \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Type of print \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.

Make Checks Payable to:

Borough of West View  
441 Perry Highway  
Pittsburgh, PA 15229

412-931-1995

**QUARTERLY  
BUSINESS  
PRIVILEGE AND  
MERCANTILE  
TAX RETURN**

2018

**WEST VIEW BOROUGH  
NORTH HILLS SCHOOL DISTRICT  
ALLEGHENY COUNTY, PENNSYLVANIA**

**IMPORTANT:** This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties. All businesses must provide Schedule C's and/or other appropriate Federal Schedules. Explain fully any differences between the gross volume on reverse.

**OWNERSHIP  
BUSINESS NAME AND ADDRESS:**

**FOR OFFICIAL USE ONLY**

ACCOUNT NO: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
LICENSE NO. ISSUED: \_\_\_\_\_  Check  Money Order

INDICATE TYPE OF BUSINESS:  New  Itinerant  Seasonal  
 Transient  Established

INDICATE INCOME BASE:  Estimated Business  Actual Business

A. ACCOUNT NUMBER:

B. DATE LOCAL OPERATION BEGAN:

C. NATURE OF BUSINESS:  Retail  Wholesale  Retail  Manufacturing\*  Service\*  Trade  Construction  Fabricating\*  Amusement  
 Other: \_\_\_\_\_ \* EXPLAIN METHODS USED ON REVERSE SIDE.

**PLEASE COMPLETE PROPER SECTION**

MERCANTILE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
MERCANTILE TAX: 1. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 10.00	
WHOLESALE BUSINESS: 2. TAX	<input checked="" type="checkbox"/>	.00100	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 10.00	
<b>TOTAL TAX DUE (Total of 1 and 2)</b> →			
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
<b>3. TOTAL MERCANTILE PAYMENT DUE</b> →			
BUSINESS PRIVILEGE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
*SERVICE: 4. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
RENTALS: 5. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
<b>TOTAL TAX DUE (Total of 4 and 5)</b> →			
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
<b>6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE</b> →			
<b>TOTAL TAX DUE</b>			

3RD QTR - 2018

JULY 1 THRU SEPTEMBER 30

DUE DATE OCTOBER 31, 2018

**AFFIRMATION:** I hereby certify under penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of preparer (if other than taxpayer) \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Type of print \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.

Make Checks Payable to:

Borough of West View  
441 Perry Highway  
Pittsburgh, PA 15229

412-931-1995

**QUARTERLY  
BUSINESS  
PRIVILEGE AND  
MERCANTILE  
TAX RETURN**

2018

**WEST VIEW BOROUGH  
NORTH HILLS SCHOOL DISTRICT  
ALLEGHENY COUNTY, PENNSYLVANIA**

**IMPORTANT:** This return must be filed with full remittance of tax due on or before the due date in order to avoid the imposition of penalties. All businesses must provide Schedule C's and/or other appropriate Federal Schedules. Explain fully any differences between the gross volume on reverse.

OWNERSHIP  
BUSINESS NAME AND ADDRESS:

FOR OFFICIAL USE ONLY

ACCOUNT NO: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_  
LICENSE NO. ISSUED: \_\_\_\_\_  Check  Money Order

INDICATE TYPE OF BUSINESS:  New  Itinerant  Seasonal  
 Transient  Established

INDICATE INCOME BASE:  Estimated Business  Actual Business

A. ACCOUNT NUMBER:

B. DATE LOCAL OPERATION BEGAN:

C. NATURE OF BUSINESS:  Retail  Wholesale  Retail  Manufacturing\*  Service\*  Trade  Construction  Fabricating\*  Amusement  
 Other: \_\_\_\_\_ \* EXPLAIN METHODS USED ON REVERSE SIDE.

PLEASE COMPLETE PROPER SECTION

MERCANTILE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
MERCANTILE TAX: 1. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 10.00	
WHOLESALE BUSINESS: 2. TAX	<input checked="" type="checkbox"/>	.00100	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 10.00	
<b>TOTAL TAX DUE (Total of 1 and 2)</b> _____			
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
<b>3. TOTAL MERCANTILE PAYMENT DUE</b> _____			
BUSINESS PRIVILEGE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
*SERVICE: 4. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
RENTALS: 5. TAX	<input checked="" type="checkbox"/>	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
<b>TOTAL TAX DUE (Total of 4 and 5)</b> _____			
PENALTY .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
INTEREST .5% (.005) OF TAX DUE FOR EACH MONTH OR FRACTIONAL MONTH DELINQUENT			
<b>6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE</b> _____			
<b>TOTAL TAX DUE</b>			

4TH QTR - 2018

OCTOBER 1 THRU DECEMBER 31

DUE DATE JANUARY 31, 2019

**AFFIRMATION:** I hereby certify under penalties provided by law that all statements made herein and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct and complete. If this return is prepared by a person other than the taxpayer, this declaration is based on all the information of which preparer has any knowledge.

Signature (X): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of preparer (if other than taxpayer) \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Type of print \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS REGARDING THE COLLECTION OF CERTAIN ELIGIBLE TAXES. YOU MAY OBTAIN A COPY OF THE "TAXPAYER BILL OF RIGHTS" DISCLOSURE STATEMENT BY CONTACTING THE LOCAL POLITICAL SUBDIVISION LISTED HEREON.