

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

2015

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	X	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)	PER YEAR	\$ 10.00	
WHOLESALE BUSINESS: 2. TAX	X	.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	X	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
RENTALS: 5. TAX	X	.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>			

1ST QTR - 2015

JANUARY 1 THRU MARCH 31

DUE DATE APRIL 15, 2015

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.

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412-931-1995

2015

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OWNERSHIP  
BUSINESS NAME AND ADDRESS:

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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**

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BUSINESS PRIVILEGE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
*SERVICE: 4. TAX	X	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
RENTALS: 5. TAX	X	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
<b>TOTAL TAX DUE (Total of 4 and 5)</b> →			
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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 - 2015

APRIL 1 THRU JUNE 30

DUE DATE JULY 15, 2015

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

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412-931-1995

2015

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BUSINESS NAME AND ADDRESS:**

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LICENSE NO. ISSUED: \_\_\_\_\_  Check  Money Order

INDICATE TYPE OF BUSINESS:  New  Itinerant  Seasonal  
 Transient  Established

**A. ACCOUNT NUMBER:**

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**B. DATE LOCAL OPERATION BEGAN:**

**C. NATURE OF BUSINESS:**  Retail  Wholesale  Retail  Manufacturing\*  Service\*  Trade  Construction  Fabricating\*  Amusement  
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BUSINESS PRIVILEGE TAX	GROSS VOLUME OF BUSINESS	TAX RATE	AMOUNT OF TAX DUE
*SERVICE: 4. TAX	X	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
RENTALS: 5. TAX	X	.00150	
LICENSE (FOR EACH PLACE OF BUSINESS)		N/A	
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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 - 2015

JULY 1 THRU SEPTEMBER 30

DUE DATE OCTOBER 15, 2015

**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: \_\_\_\_\_

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412-931-1995

2015

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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	
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*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 - 2015

OCTOBER 1 THRU DECEMBER 31

DUE DATE JANUARY 15, 2016

**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: \_\_\_\_\_

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BOROUGH OF WEST VIEW

LOCAL SERVICES TAX  
441 PERRY HIGHWAY  
PITTSBURGH, PA 15229  
(412) 931-1995  
www.westviewborough.org

Due Date 04/30/2015

Quarter (1)  
Tax Year 2015  
Office Code LST-

- (1) Total Number of Taxables Reported \_\_\_\_\_
- (2) Gross Tax Amount (\$52.00 Per Person) \*\* \_\_\_\_\_ \*\* (To be withheld at the rate
- (3) Penalty (5%) \_\_\_\_\_ of \$1.00 per week.)
- (4) Interest (6%) \_\_\_\_\_
- (5) Total Amount Paid \_\_\_\_\_

Employee Name	Address	Soc. Sec. No.
=====	=====	=====

I Hereby Certify That This Return Has Been Examined By Me And The Information Herein Is True, Correct And Complete.

(6) Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Computer Reports Are Acceptable Of The Taxables, But Items Which Are Numbered (1 Thru 6) Must Be Completed And Returned To Our Office.

Please Make Check(s) Payable To: BOROUGH OF WEST VIEW

BOROUGH OF WEST VIEW

LOCAL SERVICES TAX  
441 PERRY HIGHWAY  
PITTSBURGH, PA 15229  
(412) 931-1995  
www.westviewborough.org

Due Date 07/31/2015

Quarter (2)  
Tax Year 2015  
Office Code LST-

- (1) Total Number of Taxables Reported \_\_\_\_\_
- (2) Gross Tax Amount (52.00 Per Person) \*\* \_\_\_\_\_ \*\* (To be withheld at the rate
- (3) Penalty (5%) \_\_\_\_\_ of \$1.00 per week.)
- (4) Interest (6%) \_\_\_\_\_
- (5) Total Amount Paid \_\_\_\_\_

Employee Name	Address	Soc. Sec. No.	Amount

I Hereby Certify That This Return Has Been Examined By Me And The Information Herein Is True, Correct And Complete.

(6) Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Computer Reports Are Acceptable Of The Taxables, But Items Which Are Numbered (1 Thru 6) Must Be Completed And Returned To Our Office.

Please Make Check(s) Payable To: BOROUGH OF WEST VIEW

BOROUGH OF WEST VIEW

LOCAL SERVICES TAX  
441 PERRY HIGHWAY  
PITTSBURGH, PA 15229  
(412) 931-1995  
www.westviewborough.org

Due Date 10/31/2015

Quarter (3)  
Tax Year 2015  
Office Code LST-

- (1) Total Number of Taxables Reported \_\_\_\_\_
- (2) Gross Tax Amount (52.00 Per Person) \*\* \_\_\_\_\_ \*\* (To be withheld at the rate
- (3) Penalty (5%) \_\_\_\_\_ of \$1.00 per week.)
- (4) Interest (6%) \_\_\_\_\_
- (5) Total Amount Paid \_\_\_\_\_

Employee Name	Address	Soc. Sec. No.	Amount

I Hereby Certify That This Return Has Been Examined By Me And The Information Herein Is True, Correct And Complete.

(6) Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Computer Reports Are Acceptable Of The Taxables, But Items Which Are Numbered (1 Thru 6) Must Be Completed And Returned To Our Office.

Please Make Check(s) Payable To: BOROUGH OF WEST VIEW

BOROUGH OF WEST VIEW

LOCAL SERVICES TAX  
441 PERRY HIGHWAY  
PITTSBURGH, PA 15229  
(412) 931-1995  
www.westviewborough.org

Due Date 01/31/2016

Quarter (4)  
Tax Year 2015  
Office Code LST-

(1) Total Number of Taxables Reported \_\_\_\_\_  
(2) Gross Tax Amount (52.00 Per Person) \*\* \_\_\_\_\_ \*\* (To be withheld at the rate  
(3) Penalty (5%) \_\_\_\_\_ of \$1.00 per week.)  
(4) Interest (6%) \_\_\_\_\_  
(5) Total Amount Paid \_\_\_\_\_

Employee Name	Address	Soc. Sec. No.	Amount
=====	=====	=====	=====
_____	_____	_____	_____
_____	_____	_____	_____
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