

**BOROUGH OF SHARON HILL  
BUSINESS PRIVILEGE TAX RETURN  
2016 ACTUAL**

|                          |        |              |
|--------------------------|--------|--------------|
| COMPANY/OWNER:           |        | MRRS ACCT #: |
| DBA (Doing Business As): |        |              |
| BUSINESS ADDRESS:        |        | EIN:         |
| TELEPHONE:               | EMAIL: |              |

**CALCULATION OF ACTUAL TAX FOR LICENSE YEAR 2016**

| INDICATE VOLUME OF BUSINESS TRANSACTED   | A. WHOLESALE | B. RETAIL   | C. RENTAL/SERVICES |
|--|--------------|-------------|--------------------|
| <b>1. GROSS RECEIPTS OF SALES FROM BUSINESS JANUARY 1, 2016- DECEMBER 31, 2016</b><br><br><b>NOTE:</b><br>INDIVIDUALS—Attach a copy of Form 1040 (page 1) plus Schedule C and Schedule E (if applicable).<br>PARTNERSHIPS—Attach Form 1065 (page 1).<br>CORPORATIONS—Attach Form 1120 or 1120S (page 1). |              |             |                    |
| <b>2. TAX RATE</b>   | <b>.0005</b> | <b>.001</b> | <b>.001</b>        |
| <b>3. TAX FOR 2016</b><br>(Total of Gross Receipts Times Tax Rate)   | (1A x .0005) | (1B x .001) | (1C x .001)        |

**4. TOTAL AMOUNT OF TAX FOR 2016:** (Lines 3A+3B+3C) \$ \_\_\_\_\_

**5. AMOUNT OF ESTIMATED TAX (Excluding penalties and interest) PAID IN 2016:** \$ \_\_\_\_\_

**6. ADDITIONAL 2016 TAX OR CREDIT DUE:** (Difference of Line 4 minus Line 5) \$ \_\_\_\_\_

**7. PENALTY AND INTEREST:** (Returns filed and/or payments made after MAY 15, 2017 will be subject to the following penalties and interest)

7-A. PENALTY: Add 10% penalty of Total Tax Due (Line 4) \$ \_\_\_\_\_

7-B. INTEREST: (multiply Line 4 x Interest Rate x Number of months delinquent) \$ \_\_\_\_\_  
 Wholesale/Retail/Rental/Service - Add interest at a rate of 1% per month or fraction thereof

\$ \_\_\_\_\_

**8. TOTAL TAX, PENALTY AND INTEREST DUE:** (Sum of Line 6 plus Line 7) \$ \_\_\_\_\_

**I/we declare under penalty of law that all statements made herein and/or in supporting schedules are true, correct and complete to the best of my/our knowledge and belief.**

\_\_\_\_\_  
Signature of Preparer (if other than Taxpayer)

\_\_\_\_\_  
Signature of Taxpayer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**THIS RETURN MUST BE FILED AND THE TAX PAID IN FULL BY MAY 15, 2017**

**MAKE CHECK OR MONEY ORDER PAYABLE AND REMIT TO:**

BOROUGH OF SHARON HILL  
c/o MRRS,LLC  
P. O. Box 1391  
Media, PA 19063

Contact Information: Web: [www.MRRSLLC.com](http://www.MRRSLLC.com) Email: [INFO@MRRSLLC.com](mailto:INFO@MRRSLLC.com) Telephone: 610-565-1396 Fax: 610-565-1539

PLEASE RETAIN A COPY FOR YOUR RECORDS