

CENTRAL VALLEY SCHOOL DISTRICT  
AND  
TOWNSHIP OF CENTER  
APPLICATION FOR MERCANTILE LICENSE  
FOR FISCAL YEAR 07/01/14 THRU 06/30/15

JEANNE BOWSER, TAX COLLECTOR-704 Pine Street, Aliquippa, PA 15001  
OFFICE PHONE 724-378-8920 FAX NUMBER 724-378-6968

Application is hereby made for Mercantile License as required by Central Valley School District and the Township of Center pursuant to Resolution of the School District and Ordinance of the Township.

Application must be filed on or before July 1<sup>st</sup> of each year. Checks shall be payable to **MERCANTILE TAX COLLECTOR** and mailed with this form to the above address.

**EACH PLACE OF BUSINESS MUST BE LICENSED**

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**FEE( check one)\_\_\_Retail(\$20.00)\_\_\_Wholesale(\$20.00)\_\_\_\$20.00 Wholesale & Retail**

**BUSINESS NAME** \_\_\_\_\_

**BUSINESS ADDRESS** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**NAME OF OWNER** \_\_\_\_\_

**CONTACT NUMBER ( INCLUDE EXT)** \_\_\_\_\_

**FAX NUMBER** \_\_\_\_\_

**CENTRAL VALLEY SCHOOL DISTRICT, MONACA, PA 15061**  
**MERCANTILE TAX RETURN**  
 Jeanne Bowser, Collector, 704 Pine Street, Alliquippa, PA 15001  
**GROSS RECEIPTS REPORT FOR QUARTER ENDED SEPTEMBER 30, 2014**  
 (724) 378-8920 Fax Number (724) 378-6968

IMPORTANT: This return must be filed with the Mercantile Tax Collector at the above address no later than October 31, 2014 even if no tax is due

**BUSINESS NAME:** \_\_\_\_\_  
**BUSINESS LOCAL ADDRESS:** \_\_\_\_\_  
**OWNED BY:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
 Phone \_\_\_\_\_

**FILL OUT BOTH SIDES OF RETURN**

**1. Gross Receipts**

<b>SCHOOL DISTRICT TAX</b>	
Retail	\$ _____
Wholesale	\$ _____
Total	\$ _____
<b>EXCLUSION \$200,000</b>	\$ _____
<b>1A Taxable Receipts (Total-Exclusion)</b>	\$ _____
(if less than 0)	\$ _____

**2. Total Gross Retail Receipts this Quarter** \$ \_\_\_\_\_

**3. EXEMPTIONS (if any)** \$ \_\_\_\_\_

Reason for Exemption \_\_\_\_\_

**4. Carryover Exclusion** \$ \_\_\_\_\_

**5. Total Exemption and Exclusion ( Line 3 plus Line 4)** \$ \_\_\_\_\_

**6. Taxable Amount ( Line 2 minus Line 5)** \$ \_\_\_\_\_

**7. Tax Due for RETAIL RECEIPTS (Line 6 x 0.0075) \$** \_\_\_\_\_

**8. Total Gross Wholesale Receipts This Quarter** \$ \_\_\_\_\_

**9. Exemptions (if any)** \$ \_\_\_\_\_

Reason for Exemption \_\_\_\_\_

**10. Carryover Exclusion** \$ \_\_\_\_\_

**11. Total Exemptions and Exclusions ( Line 9 plus Line 10)** \$ \_\_\_\_\_

**12. Taxable Amount (Line 8 minus Line 11)** \$ \_\_\_\_\_

**13. Tax Due on WHOLESale RECEIPTS (Line 12 x 0.0005)** \$ \_\_\_\_\_

**Total Tax Due School District This Quarter ( Line 7 + Line 13)** \$ \_\_\_\_\_

**Add 6% Penalty If filed AFTER OCTOBER 31, 2014** \$ \_\_\_\_\_

**Total Due School District If filed AFTER Due Date** \$ \_\_\_\_\_

I hereby certify that all information here on is true and correct.

**SIGNATURE & TITLE** \_\_\_\_\_

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

<b>TOTAL TAX DUE SCHOOL DISTRICT</b>	\$ _____
<b>TOTAL TAX DUE TOWNSHIP</b>	\$ _____
<b>TOTAL TAX DUE THIS QUARTER</b>	\$ _____
<b>DATE PAID</b>	\$ _____

**TAX DUE TOWNSHIP THIS QUARTER ( Line 4 + Line 8)** \$ \_\_\_\_\_

**Add 6% Penalty If filed After October 31, 2014** \$ \_\_\_\_\_

**REASON FOR EXEMPTION** \_\_\_\_\_

**Taxable Amount ( Line 5 minus Line 6)** \$ \_\_\_\_\_

**Tax Due on WHOLESale RECEIPTS (Line 7 X .0005)** \$ \_\_\_\_\_

**Township Tax**

**Total Gross Retail Receipts This Quarter** \$ \_\_\_\_\_

**Exemptions (if any)** \$ \_\_\_\_\_

**REASON FOR EXEMPTION** \_\_\_\_\_

**Taxable Amount (Line1 minus Line2)** \$ \_\_\_\_\_

**Tax Due for Retail Receipts (line3x.00075)** \$ \_\_\_\_\_