

Make Checks Payable To:

Central Tax Bureau Of PA, Inc.  
20 Emerson Ln  
Ste 908  
Bridgeville PA, 15017-3498  
(412) 220-7347 (800) 519-7347

**QUARTERLY  
BUSINESS PRIVILEGE  
TAX RETURN**

**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 OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

LICENSE NO. ISSUED: \_\_\_\_\_

Cash

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

Rental

Manufacturing\*

Service\*

Trade

Construction

Fabricating\*

Amusement

Other: \_\_\_\_\_

\*EXPLAIN METHODS USED ON REVERSE SIDE.

**PLEASE COMPLETE PROPER SECTION**

**BUSINESS PRIVILEGE TAX**

**GROSS VOLUME OF BUSINESS**

**TAX RATE**

**AMOUNT OF TAX DUE**

4. TAX

X

LICENSE (FOR EACH PLACE OF BUSINESS)

5. TAX

X

LICENSE (FOR EACH PLACE OF BUSINESS)

**TOTAL TAX DUE (Total of 4 and 5)**

PENALTY 0.00%

INTEREST 0.00%

**6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE**

**TOTAL PAYMENT DUE**

**1ST QTR -**

**JANUARY 1 THRU MARCH 31**

**DUE DATE ----->**

**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 or print

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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**AMOUNT OF TAX DUE**

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LICENSE (FOR EACH PLACE OF BUSINESS)

5. TAX

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LICENSE (FOR EACH PLACE OF BUSINESS)

**TOTAL TAX DUE (Total of 4 and 5)**

PENALTY 0.00%

INTEREST 0.00%

**6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE**

**TOTAL PAYMENT DUE**

**2ND QTR -**

**APRIL 1 THRU JUNE 30**

**DUE DATE ----->**

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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**OWNERSHIP**

**BUSINESS NAME AND ADDRESS:**

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ACCOUNT NO: \_\_\_\_\_

LICENSE NO. ISSUED: \_\_\_\_\_

Cash

Check

Money Order

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Itinerant

Seasonal

Transient

Established

INDICATE INCOME BASE:

Estimated Business

Actual Business

**A. ACCOUNT NUMBER:**

**B. DATE LOCAL OPERATION BEGAN:**

**C. NATURE OF BUSINESS:**

Retail

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**AMOUNT OF TAX DUE**

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5. TAX

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LICENSE (FOR EACH PLACE OF BUSINESS)

**TOTAL TAX DUE (Total of 4 and 5)**

PENALTY 0.00%

INTEREST 0.00%

**6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE**

**TOTAL PAYMENT DUE**

**3RD QTR -**

**JULY 1 THRU SEPTEMBER 30**

**DUE DATE ----->**

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

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

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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**OWNERSHIP**

**BUSINESS NAME AND ADDRESS:**

**FOR OFFICE USE ONLY**

RECEIVED BY: \_\_\_\_\_

ACCOUNT NO: \_\_\_\_\_

LICENSE NO. ISSUED: \_\_\_\_\_

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Money Order

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Itinerant

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Established

INDICATE INCOME BASE:

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Actual Business

**A. ACCOUNT NUMBER:**

**B. DATE LOCAL OPERATION BEGAN:**

**C. NATURE OF BUSINESS:**

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5. TAX

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LICENSE (FOR EACH PLACE OF BUSINESS)

**TOTAL TAX DUE (Total of 4 and 5)**

PENALTY 0.00%

INTEREST 0.00%

**6. TOTAL BUSINESS PRIVILEGE PAYMENT DUE**

**TOTAL PAYMENT DUE**

**4TH QTR -**

**OCTOBER 1 THRU DECEMBER 31**

**DUE DATE ----->**

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Type or print

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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