Make Checks Payable To:

MERCANTILE TAX RECONCILIATION

DUE DATE:

ALL BUSINESSES MUST PROVIDE SCHEDULE C'S OR OTHER APPROPRIATE FEDERAL AND STATE SCHEDULES FOR BASE YEAR IN ORDER TO SUBSTANTIATE INCOME. EXPLAIN FULLY ANY DIFFERENCES BETWEEN GROSS VOLUME ON REVERSE SIDE.

OWNERSHIP	FOR OFFICE USE ONLY
1. BUSINESS NAME AND ADDRESS:	AMOUNT PAID: _____ RECEIVED BY: _____ DATE RECEIVED: _____ ☐ Cash ☐ Check ☐ Money Order
	2. ACCOUNT NUMBER:

TOTAL TAX PAYABLE (sum of lines 3 and 8):	
LESS: QUARTERLY TAX PAID (sum of lines 4 and 9):	
TOTAL UNDERPAYMENT/OVERPAYMENT (Overpayments will be applied to tax):	
PENALTY 0.00%	
INTEREST 0.00%	
OTHER (Fines, Costs, Etc.) **OFFICE USE ONLY**:	
TOTAL PAYMENT DUE:	

CERTIFICATION

I hereby certify under the penalties of law that all statements made hereon are to the best of my knowledge and belief, true, correct and complete. If this form is being 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:** _____

_____ **Date:** _____
Signature of preparer (if other than taxpayer)

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.