

# City of Monongahela

Pennsylvania

Make Checks Payable To:  
City of Monongahela

449 West Main Street  
Monongahela, Pa 15063



Phone: 724.258.9024

Hours:

Monday - Friday  
9:00am - 12:00pm  
1:00pm - 4:00pm

Office of City Treasurer

## MERCANTILE TAX RETURN FOR THE YEAR

**Nature of**

**Business:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Phone No:** \_\_\_\_\_

### RETAIL VENDOR

1. TOTAL GROSS VOLUME FOR \_\_\_\_\_
2. GROSS TAX DUE (line 1 x .00075) \_\_\_\_\_
3. TOTAL DUE (the larger of \$20.00 or line 2) \_\_\_\_\_
4. IF PAID AFTER JUNE 30, Enter the amount from line 3 \_\_\_\_\_
5. PENALTY (line 4 x .05) \_\_\_\_\_
6. ENTER NUMBER OF MONTHS PAST DUE \_\_\_\_\_
7. INTEREST (line 4 x .01 x line 6) \_\_\_\_\_
8. TOTAL RETAIL DUE (line 3 or after due date, line 4+line 5+line 7) \_\_\_\_\_

### WHOLESALE

1. TOTAL GROSS VOLUME FOR \_\_\_\_\_
2. GROSS TAX DUE (line 1 x .0005) \_\_\_\_\_
3. TOTAL DUE (the larger of \$30.00 or line 2) \_\_\_\_\_
4. IF PAID AFTER JUNE 30, Enter the amount from line 3 \_\_\_\_\_
5. PENALTY (line 4 x .05) \_\_\_\_\_
6. ENTER NUMBER OF MONTHS PAST DUE \_\_\_\_\_
7. INTEREST (line 4 x .01 x line 6) \_\_\_\_\_
8. TOTAL WHOLESALE DUE (line 3 or after due date, line 4+line 5+line 7) \_\_\_\_\_

I declare under the penalties of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date