

Harrisburg Division  
 2301 North Third Street  
 Harrisburg, PA 17110  
 Phone: (717) 234-3217

Somerset County Division  
 2209 North Center Avenue  
 Somerset, PA 15501  
 Phone: (814) 701-2475

Huntingdon County Division  
 18839 Sandy Ridge Station, Suite 2  
 Orbisonia, PA 17243  
 Phone: (814) 447-3111

Perry County Division  
 2971 Cold Storage Rd  
 New Bloomfield, PA 17068  
 Phone: (717) 582-3001  
 Open Tuesdays Only

**Somerset Area School District**

**2014 Business Privilege & Mercantile Tax Return**

Account Number: \_\_\_\_\_ PSD Number: \_\_\_\_\_ Gross Receipts for Year Ended :2014 Return Due Date : Mar 31, 2015

**PART 1: GROSS RECEIPTS OF BUSINESS (Attach supporting schedules)**

1. If in business for entire year, enter total gross receipts.
2. If not in business for entire year, enter starting date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ and ending date \_\_\_\_/\_\_\_\_/\_\_\_\_\_ of operations. Enter total gross receipts for period.

**PART II: BUSINESS GROSS RECEIPTS TAX**

<u>TYPE OF BUSINESS</u>	<u>GROSS RECEIPTS</u>	<u>EXEMPTIONS</u>	<u>TAXABLE RECEIPTS</u>	<u>RATE</u>	<u>TAX</u>
1. Services	\$ _____	- \$ _____	= \$ _____	X .0005	\$ _____
2. Rentals	\$ _____	- \$ _____	= \$ _____	X .0005	\$ _____
3. Retail Sales	\$ _____	- \$ _____	= \$ _____	X .0005	\$ _____
4. Wholesale Sales	\$ _____	- \$ _____	= \$ _____	X .0005	\$ _____
5. TOTAL	\$ _____	- \$ _____	= \$ _____		\$ _____
6. Interest/Penalty for late filing is 1% per month.					\$ _____
7. TOTAL AMOUNT DUE (Make check payable to: CTCB)					\$ _____

DATE: \_\_\_\_\_  
**EMPLOYER SIGNATURE**  
 I DECLARE UNDER PENALTIES PROVIDED FOR BY LAW THAT I HAVE EXAMINED THIS COMPLETE RETURN AND ITS IS TRUE AND CORRECT.

DATE: \_\_\_\_\_  
**SIGNATURE OF PREPARER, IF OTHER THAN EMPLOYER**  
 I DECLARE UNDER PENALTIES PROVIDED FOR BY LAW THAT I HAVE EXAMINED THIS COMPLETE RETURN AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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

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

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Audit may be required if Proof of Gross Receipts is not included**

# GENERAL INSTRUCTIONS FOR FILING

## GENERAL INFORMATION

Enclosed is your current year tax return. Should you have any questions or need any further assistance, you may contact the office of the Tax Administrator, Capital Tax Collections Bureau at 2301 N 3<sup>rd</sup> St Harrisburg, PA 17110, or by phone at (717) 234-3217.

Mail your return and check payable for any tax due to: **Capital Tax Collection Bureau or CTCB**  
**2301 N 3<sup>rd</sup> St**  
**Harrisburg, PA 17110**

## TAX RETURN INFORMATION

### **PART I: Gross Receipts of Business.**

Line 1) Enter total gross receipts of business for the year.

Line 2) If the business was not in operation for the entire year, enter dates the business was in operation and the amount of gross receipts earned during that period.

### **PART II: Computing the Tax.**

Enter the total gross receipts of business according to the type of business listed. Continue to complete lines 5 through 7 as they apply to your type of business using the correct percentage rate. If your business is located within Lincoln, Jefferson, Somerset Township or Somerset Borough the tax amount is .0005. The total of line 5 for the column gross receipts should equal the total gross receipts listed in Part I. List and subtract any exemptions to obtain taxable receipts for each category used. Taxable receipts multiplied by the tax rate indicated equals the amount of tax.

You must provide documentation to support the amount of gross receipts and/or exemptions. Normal business expenses are not to be used as exemptions. If your gross receipts do not total \$5,000.00 or more you may not be responsible for this tax, however you must provide a return with back up documentation to support this fact.

**You are entitled to receive a written explanation of your rights with regard to the assessment, audit, appeal, enforcement, refund, and collection of certain school district taxes. The written explanation is entitled Somerset Area School District Taxpayers Bill of Rights Disclosure Statement. Upon receiving a request from you, the School District will give you a copy of the Disclosure Statement at no charge. You may request a copy in person, or by mailing a request to the following address: Business Office, 645 South Columbia Avenue, Somerset, PA 15501. A copy will also be mailed to you if you call the School District at the following number: (814) 445-9714. You may call the above telephone number or appear in person at the above address to request a copy during the hours of 8:30 a.m. until 4:00 p.m. on any weekday other than a holiday.**

Make sure that all information has been provided and the form is correct and complete. Failure to properly complete this form, attach supporting documentation such as a Schedule C and return it by March 31<sup>st</sup> could result in penalties and interest being charged.

## NEW COLLECTOR – CAPITAL TAX COLLECTION BUREAU

As of January 1, 2013, Capital Tax Collection Bureau is the tax collector for the Somerset Area School District. This includes the Business Privilege/Mercantile Tax. Enclosed you will find the 2014 Business Privilege/Mercantile Tax return.

If you have any questions, please contact Capital Tax Collection Bureau at 717-234-3217.