



# Upper Darby Township Business Privilege Tax Return

Upper Darby Township, Business Tax Office  
100 Garrett Rd., Rm. 102  
Upper Darby, Pa. 19082  
(610) 734-7604

Account No: \_\_\_\_\_

Make Checks Payable to: Upper Darby Township  
Your Cancelled Check will be your receipt

Check if Final Return: ☐

## BUSINESS PRIVILEGE TAX- Due April 15,

1. Total Gross Receipts subject to Tax (includes Other Income)	\$
2. TAX DUE: (Amount in Line 1 x 0.0015 )	\$
3. Less Prior Year Estimated Tax Paid (Line 6 of Last Year's Return) Subtract amt.	\$ (_____)
4. Additional Tax or Credit Due (Line # 2 minus Line # 3)	\$
5. Current Year: Estimated Gross Receipts	\$
(Must be at least equal to Gross Receipts in Line 1)	
6. Estimated Tax Due (Line 5 x 0.0015)	\$
7. Total Tax Due (Line 6 + Line 4)	\$

## PENALTY AND LATE CHARGES (if not filed and or paid by April 15)

8. Add 10% to Line 7 (applied to late or incomplete returns or payments)	\$ _____
9. Add .5% to Line 7 for each month or part thereof that return is late	\$ _____
10. TOTAL DUE WITH RETURN (line 7 + line 8 + line 9)	\$ _____

if less than \$0.00, Check Box ☐ for Refund (if not checked, credit will be applied to next year)

**Attach copies of Federal Tax Returns and Schedules or worksheets to support Gross Receipts reported and any claimed exclusions or exemptions. Tax return not considered complete unless such documents are attached.**

Name of Business: \_\_\_\_\_

Physical Address of Business: \_\_\_\_\_

Number of Employees based in Upper Darby Township: \_\_\_\_\_ Check if you need LST Forms ☐

Type of Business: New ☐ Established ☐ Seasonal, Tempory, Itinerant ☐

\*Due date for tempory, seaonal or Itinerant taxpayer is 7 days after completion of business

**I DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE HEREIN AND/OR IN SUPPORTING SCHEDULES ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

Preparer's Signature: \_\_\_\_\_

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

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

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_

Taxpayer's Signature: \_\_\_\_\_

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

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

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

Telephone No: \_\_\_\_\_

Email: \_\_\_\_\_