

**2007 MERCANTILE TAX RETURN**

**UPPER DARBY TOWNSHIP**

**100 Garrett Road Room 103**

**Upper Darby, PA 19082**

**(610) 734-7617**

**Business**

Name of Business \_\_\_\_\_ Phone \_\_\_\_\_

Business Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**Owners**

Owner 1. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Owner 2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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**Type of Business** \_\_\_\_\_

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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.

Signature \_\_\_\_\_

Official Title \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON PREPARING RETURN - IF OTHER THAN TAXPAYER

\_\_\_\_\_  
NAME OF PREPARER'S FIRM

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP