

TRINITY AREA SCHOOL DISTRICT
TOWNSHIPS OF AMWELL, CANTON, NORTH FRANKLIN, AND SOUTH STRABANE
LAURA KEISLING
MERCANTILE TAX COLLECTOR
550 WASHINGTON ROAD
WASHINGTON PA 15301
724-225-7244 (TELEPHONE) OR LKEIS@YMAIL.COM(EMAIL ADDRESS)

Please find enclosed Mercantile Tax forms to be filed with the Trinity Area School District and the Townships of Amwell, North Franklin, Canton, and South Strabane for the first, second, third, and fourth quarters of 2020. Note that merchants whose businesses are located in the Trinity Area School District in the Townships of Amwell, North Franklin, Canton, and South Strabane are to pay mercantile taxes due to the Trinity Area School District and the above-noted townships to Laura Keisling, Collector. The total rate for the district and townships is 0.0015 for retail sales and 0.0010 for wholesale sales.

Please review your mercantile tax records for payments that were made for the four quarters of 2020 to determine if all quarterly payments have been made accurately. Please complete and return the below mercantile tax reconciliation form to me by 4/30/21.

BUSINESS NAME AND LOCAL PHYSICAL LOCATION _____

MERCANTILE TAX CONTACT:

NAME _____ **PHONE** _____

MAILING ADDRESS FOR TAX FORMS _____

FAX _____ **EMAIL** _____

<i>2020 Mercantile Tax Reconciliation Form</i>				
Quarter	Gross Receipts	Tax Due	Tax Paid	Additional Tax/Penalty Due
01/01/20-03/31/20	Wholesale:			
	Retail:			
04/01/20-06/30/20	Wholesale:			
	Retail:			
07/01/20-09/30/20	Wholesale:			
	Retail:			
10/01/20-12/31/20	Wholesale:			
	Retail:			
Totals				
Balance due for Y/E 12/31/2020:				

SIGNATURE OF PREPARER/TITLE _____

TRINITY SCHOOL DISTRICT (CANTON TOWNSHIP)
QUARTERLY MERCANTILE TAX RETURN

Make checks payable to:
LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

1

1st QUARTER - JANUARY 1 THRU MARCH 31
PAYMENT DUE BY 04/30/2020

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter _____ \$ _____
Less: Total exemptions and exclusions
(as itemized below) _____ \$ _____
TAXABLE VOLUME FOR QUARTER _____ \$ _____

II. COMPUTATION OF TAX

Retail volume _____ \$ _____
Tax at .00150 _____ \$ _____
Wholesale volume _____ \$ _____
Tax at .00100 _____ \$ _____
TOTAL TAX _____ \$ _____
Penalties & Interest (1% per month on delinquent tax) _____ \$ _____
TOTAL AMOUNT DUE COLLECTOR _____ \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax _____ \$ _____
2. Alcoholic Beverage Tax _____ \$ _____
3. Pennsylvania Liquid Fuels Tax _____ \$ _____
4. Cigarette Tax _____ \$ _____
5. Other (describe in detail & attach list) _____ \$ _____
TOTAL EXEMPTIONS and EXCLUSIONS _____ \$ _____

I declare the information hereby given to be true
and correct to the best of my knowledge.

Signature _____

Title _____ Date _____

Name _____
Type or print

Phone _____ Fax _____

e-mail _____

Make checks payable to:

LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

TRINITY SCHOOL DISTRICT (CANTON TOWNSHIP)
QUARTERLY MERCANTILE TAX RETURN

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2nd QUARTER - APRIL 1 THRU JUNE 30
PAYMENT DUE BY 07/31/2020

Make checks payable to:
LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter \$ _____
Less: Total exemptions and exclusions
(as itemized below) \$ _____

TAXABLE VOLUME FOR QUARTER \$ _____

II. COMPUTATION OF TAX

Retail volume \$ _____
Tax at .00150 \$ _____

Wholesale volume \$ _____
Tax at .00100 \$ _____

TOTAL TAX \$ _____
Penalties & Interest (1% per month on delinquent tax) \$ _____
TOTAL AMOUNT DUE COLLECTOR \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax \$ _____
2. Alcoholic Beverage Tax \$ _____
3. Pennsylvania Liquid Fuels Tax \$ _____
4. Cigarette Tax \$ _____
5. Other (describe in detail & attach list) \$ _____

TOTAL EXEMPTIONS and EXCLUSIONS \$ _____

I declare the information hereby given to be true
and correct to the best of my knowledge.

Signature _____
Title _____ Date _____
Name _____
Type or print
Phone _____ Fax _____
e-mail _____

Make checks payable to:
LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

TRINITY SCHOOL DISTRICT (CANTON TOWNSHIP)
QUARTERLY MERCANTILE TAX RETURN

Make checks payable to:
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550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

3

3rd QUARTER - JULY 1 THRU SEPTEMBER 30
PAYMENT DUE BY 10/31/2020

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter \$ _____
Less: Total exemptions and exclusions
(as itemized below) \$ _____

TAXABLE VOLUME FOR QUARTER \$ _____

II. COMPUTATION OF TAX

Retail volume \$ _____
Tax at .00150 \$ _____

Wholesale volume \$ _____
Tax at .00100 \$ _____

TOTAL TAX \$ _____
Penalties & Interest (1% per month on delinquent tax) \$ _____
TOTAL AMOUNT DUE COLLECTOR \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax \$ _____
2. Alcoholic Beverage Tax \$ _____
3. Pennsylvania Liquid Fuels Tax \$ _____
4. Cigarette Tax \$ _____
5. Other (describe in detail & attach list) \$ _____

TOTAL EXEMPTIONS and EXCLUSIONS \$ _____

I declare the information hereby given to be true
and correct to the best of my knowledge.

Signature _____
Title _____ Date _____
Name _____
Type or print
Phone _____ Fax _____
e-mail _____

Make checks payable to:
LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

TRINITY SCHOOL DISTRICT (CANTON TOWNSHIP)
QUARTERLY MERCANTILE TAX RETURN

Make checks payable to:
LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

4

4th QUARTER - OCTOBER 1 THRU DECEMBER 31
PAYMENT DUE BY 01/31/2021

Account Number:

Federal ID #: _____

Business mailing address:

Location address:

I. Report total gross sales for quarter \$ _____
Less: Total exemptions and exclusions
(as itemized below) \$ _____
TAXABLE VOLUME FOR QUARTER \$ _____

II. COMPUTATION OF TAX

Retail volume \$ _____
Tax at .00150 \$ _____
Wholesale volume \$ _____
Tax at .00100 \$ _____
TOTAL TAX \$ _____
Penalties & Interest (1% per month on delinquent tax) \$ _____
TOTAL AMOUNT DUE COLLECTOR \$ _____

III. DESCRIPTION OF EXEMPTIONS AND EXCLUSIONS

1. Federal Retailer's Excise Tax \$ _____
2. Alcoholic Beverage Tax \$ _____
3. Pennsylvania Liquid Fuels Tax \$ _____
4. Cigarette Tax \$ _____
5. Other (describe in detail & attach list) \$ _____
TOTAL EXEMPTIONS and EXCLUSIONS \$ _____

I declare the information hereby given to be true
and correct to the best of my knowledge.

Signature _____
Title _____ Date _____

Make checks payable to:

LAURA KEISLING, COLLECTOR
550 WASHINGTON RD
WASHINGTON, PA 15301
(724) 225-7244

Name _____
Type or print
Phone _____ Fax _____
e-mail _____