



ANNUAL BUSINESS PRIVILEGE TAX RETURN 20__

Borough of Green Tree

10 W. Manilla Avenue, Pittsburgh, PA 15220
412.921.1110 | www.greentreeboro.com

Due Date: May 15th

Name _____ Account Number _____
 Address _____
 Street _____ City _____ State _____ Zip Code _____

BASED ON PREVIOUS YEAR GROSS RECEIPTS

Important: This return must be filed with full remittance of tax due on or before May 15th in order to avoid the imposition of penalties. All businesses must provide Schedule C and/or other appropriate Federal Schedules.

Explain fully any differences between the gross volume on reverse side of this form.

Business Privilege Tax Return						
		Gross Volume of Business	Exemptions & Exclusions <small>*List on Employer Questionnaire</small>	Taxable Volume	Tax Rate	Amount of Tax Due
1.	Services				0.0015	
2.	Rentals				0.0015	
3.	Retail Business				0.0015	
4.	Wholesale Business				0.001	
5.	Total (sum of lines 1 through 4)					

Penalty and Interest		
6.	Penalty: 10% penalty if paid after May 15 th (multiply line 5 x 10%)	
7.	Interest: 1% interest per month or part thereof (line 5 x 1% x number of months)	
8.	TOTAL (sum of lines 6 and 7)	

9.	License Fee: \$10.00 (A separate license is required for each location.)	\$10 x	=	
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10.	Total Amount Due (sum of total lines 5, 8 and 9)			
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I, _____, hereby certify under the penalties provided by law that all statements made and/or in any supporting schedule or exhibit are to the best of my knowledge and belief true, correct, and complete. If this return is prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Signature _____

Date _____

Signature of person preparing the return (if other than above) _____

Contact No. _____

You are entitled to receive a written explanation of your rights regarding the collection of certain eligible taxes. You may obtain a copy of the "Taxpayer Bill of Rights" disclosure statement by contacting the Local Political Subdivision listed hereon.

Borough Use Only				
Date Paid	Amount Paid	Check Number	Batch	Balance Due



BUSINESS PRIVILEGE TAX – EMPLOYER QUESTIONNAIRE

Please complete and return with Annual Business Privilege Tax Return.

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1. Business Name _____ Business Address _____

2. Mailing Address (if other than Green Tree location) _____ 3. Federal ID or Social Security Number _____

4. Branch Office Address (if other than Green Tree location) _____ 5. Contact No. _____

6. Do you rent this Green Tree location? Yes No

7. Names of Owners, Partners, or Officers	Title	Address

8. Attach a list of all concessionaires and commercial or industrial tenants on your premises.

9. Type of Organization

Association Corporation Fiduciary Individual Proprietorship Partnership

Date Incorporated _____ State _____

10. Nature of Business

Amusement Construction Fabrication Manufacturing Rental Retail Wholesale

Other (explain) _____

11. Date Green Tree Operation Began _____

12. Type of Business

Established New Transient Itinerant, indicate date operations will end _____

Seasonal, indicate date operations will end _____

13. Accounting Basis

Cash Accrual Other (explain) _____

Accounting Period _____ Calendar or Fiscal Year Ending _____

14. Name and Address of Person or Firm in Charge of Records

Name _____ Address _____

I, _____, hereby certify under the penalties provided by law that all abatements
(Print Name)
made are true, correct, and complete to the best of my knowledge.

Signature _____ Date _____

Contact No. _____ Email _____

* Exemptions and Exclusions (from tax return)	Amount
Manufacturing	
Articles of Own Growth	
Taxes Included in Gross Receipts	
Receipts Not Allocable to Green Tree	
Interstate Transactions	
Other	