

2009
THE BOROUGH OF WEST MIFFLIN
BUSINESS PRIVILEGE TAX
RETURN

Due Date: DECEMBER 15, 2009

(IMPORTANT: This return must be filed with the collector with remittance in full for amount of tax on or before the above due date to avoid the imposition of additional penalties)

BUSINESS NAME OR BUSINESS OWNER NAME

FEDERAL IDENTIFICATION #

D.B.A. (Doing Business As) IN WEST MIFFLIN

PHYSICAL ADDRESS OF BUSINESS IN WEST MIFFLIN (Do not use P.O. Box as physical address)

BUSINESS CORRESPONDENCE AND TAX FORM ADDRESS

BUSINESS LOCATION IN WEST MIFFLIN

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

PRIMARY CONTACT INFORMATION

NAME: _____

RELATIONSHIP TO BUSINESS: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ **FAX #:** _____

AMOUNT DUE \$ 500.00

Less Credit (see instructions) _____

TOTAL AMOUNT DUE _____

Penalty and Interest (1.33% per month after due date) _____

TOTAL AMOUNT REMITTED _____

I THE UNDERSIGNED, DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE, FULL AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF AUTHORIZED INDIVIDUAL: _____

PRINTED NAME OF AUTHORIZED INDIVIDUAL: _____

PAYMENTS AND RETURNS SHOULD BE SENT TO THE FOLLOWING ADDRESS:

**BOROUGH OF WEST MIFFLIN
ADMINISTRATIVE OFFICES – ROOM 204
3000 LEBANON CHURCH ROAD
WEST MIFFLIN, PA. 15122**