

TRINITY SCHOOL DISTRICT (SOUTH STRABANE 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 04/30/2023

Account Number: 0374

Federal ID #: \_\_\_\_\_

Business mailing address:

Location address:

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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 \_\_\_\_\_ \$ \_\_\_\_\_

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

Signature \_\_\_\_\_

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

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(724) 225-7244

Name \_\_\_\_\_  
Type or print

Phone \_\_\_\_\_ Fax \_\_\_\_\_

e-mail \_\_\_\_\_

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2

2nd QUARTER - APRIL 1 THRU JUNE 30  
PAYMENT DUE BY 07/31/2023

Account Number: 0374

Federal ID #: \_\_\_\_\_

Business mailing address:

Location address:

-

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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 \_\_\_\_\_

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3

3rd QUARTER - JULY 1 THRU SEPTEMBER 30  
PAYMENT DUE BY 10/31/2023

Account Number: 0374

Federal ID #: \_\_\_\_\_

Business mailing address:

Location address:

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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 \_\_\_\_\_ \$ \_\_\_\_\_

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

Signature \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Name \_\_\_\_\_  
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4

4th QUARTER - OCTOBER 1 THRU DECEMBER 31  
PAYMENT DUE BY 01/31/2024

Account Number: 0374

Federal ID #: \_\_\_\_\_

Business mailing address:

Location address:

-

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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 \_\_\_\_\_ \$ \_\_\_\_\_

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and correct to the best of my knowledge.

Signature \_\_\_\_\_

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

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