MECHANICAL AMUSEMENT DEVICE TAX

CERTIFICATION OF OWNERSHIP AND TAX RETURN

THIS CERTIFICATION AND TAX RETURN MUST BE FILED ON OR BEFORE DECEMBER 31

YEAR BEING FILED _____

CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
530 MUNICIPAL SERVICES BUILDING
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102

Name of Tax Entity

City Business Tax Account Number

Trade name or owner's name if different from above.

Federal Employer Identification Number

Business Address

Phone - -

City **State** **Zip Code** -

Fax - -

E-Mail

Were continuation sheets used?
If so, how many?
Yes ☐ No ☐

ITEMIZED LIST OF ALL DEVICES OWNED

SERIAL NUMBER OF EACH MECHANICAL AMUSEMENT DEVICE	DESCRIPTION OF DEVICE AND TRADE NAME	ENTER $100 FOR EACH MACHINE		**TAX STAMP NO.** ***(OFFICIAL USE)***
	TOTAL INCLUDING CONTINUATION SHEETS			
	INTEREST AND PENALTY IF APPLICABLE			
	TOTAL AMOUNT DUE			

I hereby certify under the penalties provided by law that I have reported all mechanical amusement devices owned or located within or outside of Philadelphia, and whether taxable or not taxable, and that all statements made herein and/or in any supporting schedule or exhibit are true, correct and complete to the best of my knowledge and belief.

Signature of Taxpayer_____ **Date**_____