

**MECHANICAL AMUSEMENT DEVICE TAX
CERTIFICATION OF OWNERSHIP AND TAX RETURN**

THIS CERTIFICATION AND TAX RETURN MUST BE FILED ON OR BEFORE DECEMBER 31
OF THE YEAR PRIOR TO THE STICKER YEAR

City of Philadelphia
Department of Revenue
1401 John F. Kennedy Boulevard
4th Floor, Room 430
Philadelphia, PA 19102
Attn: Agency Receivables

STICKER YEAR _____

Name of Tax Entity _____

City Account Number _____

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

Employer Identification Number _____

Business Address _____

Telephone # _____

Fax # _____

E-mail Address _____

Were continuation sheets used? Yes No

If, yes, how many? _____

ITEMIZED LIST OF ALL DEVICES OWNED

SERIAL NUMBER OF EACH MECHANICAL AMUSEMENT DEVICE	DESCRIPTION OF DEVICE AND TRADE NAME	ENTER \$100 FOR EACH DEVICE	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** _____