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

**STICKER YEAR** _____

**City of Philadelphia**
**Department of Revenue**
**Concourse Level**
**1401 John F. Kennedy Boulevard**
**Philadelphia, PA 19102**
**Attn: Agency Receivables**

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)* |
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| | **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**_____

83-T-393 (Rev. 02/2014)