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
1401 John F. Kennedy Boulevard
4th Floor, Room 430
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			TAX STAMP NO. *(OFFICIAL USE)*
SERIAL NUMBER OF EACH MECHANICAL AMUSEMENT DEVICE	DESCRIPTION OF DEVICE AND TRADE NAME	ENTER $100 FOR EACH DEVICE	
	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**_____