

City of Erie Parking Tax 626 State St Room 307 Erie PA 16501-1128

(814) 870-1438

Tax Period	
Federal ID	

Due on or before 30th day of April/July/October/January

Lot Location

	Amended Return () Tax Return No Longer Needed	
OPERATOR'S NAME	Signature	
TRADE NAME		
MAILING ADDRESS	Title Date	
CITY STATE ZIP	Phone ()	
TELEPHONE	I, hereby certify, swear and aver that all statements herein are true and correct to the best of my knowledge and belief, being duly appraised my duty under the law to submit honest and complete information or subject to the penalties provided by law.	
COMPUTATION OF TAX LIABILITY RATE = 15% Enter all amounts in decimal point form, Example \$1,000.00	Preparer's Name	
	Preparer's Phone ()	
PAYMENT TYPE	QUARTERLY GROSS COLLECTION	
1. DAILY	\$	
2. EVENT	\$	
3. WEEKLY	\$	
4. MONTHLY	\$	
5. OTHER	\$	
6. TOTAL QUARTERLY GROSS COLLECTION - Total of Line 1 through Line 5	6	
7. QUARTERLY TAX DUE - Line 6 multiplied by .15	7	
8. ANNUAL REGISTRATION FEE* \$100.00 plus \$1.00 per * Include with 4th quarter return due Jan. 30	space 8	
9. PENALTY AND INTEREST PER QUARTERLY		
a. INTEREST AT 1% (0.01) per month on unpaid parking	tax 9a	
b. PENALTY AT 50% (0.5) for failure to file or make payn	nent 9b	
10. TOTAL DUE - Total of Line 7 through Line 9b	10	

Make check payable to : CITY OF ERIE. A \$ 25.00 fee will be assessed for any check returned from the bank for any reason.

Mail to: ATTN: SUSAN M LEFAIVER FINANCE DEPARTMENT

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