

MECHANICAL DEVICE TAX FORM

FEE DUE: January 31st

Township of Middletown

3 Municipal Way
Langhorne, PA 19047
215-750-3800

APPLICATION AND INFORMATION SHEET

Company (Location of machine)

Vendor (If applicable)

Name _____
Address _____

Phone # _____

Name _____
Address _____

Phone # _____

If you have any questions or need additional forms, go to www.middletownbucks.org or call 215-750-3800.

OFFICE USE ONLY

DESCRIPTION OF DEVICE	QUANTITY	SERIAL #/ MANUFACTURER	TAX DUE PER UNIT	RECEIPT #	STICKER #
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

\$ _____ / _____ / _____
TOTAL PAID DATE PAID

If no device taxed under this ordinance is existing on your premises or under your control at another location in Middletown Township, please note on this form. Then, sign this form and return it to Middletown Township.

MECHANICAL DEVICE TAX

Amusement..... \$100 per unit
Juke Box..... \$100 per unit
Vending..... \$ 20 per unit

I, the undersigned, do hereby certify, that all the above information is true and complete.

TAXPAYER SIGNATURE

DATE