DAS-28R (12-13)

pennsylvania
DEPARTMENT OF REVENUE

BUREAU OF BUSINESS TRUST FUND TAXES
PO BOX 280905
HARRISBURG, PA 17128-0905

VEHICLE RENTAL TAX
ANNUAL RECONCILIATION

FOR DEPARTMENT USE ONLY

OFFICIAL USE ONLY

START

BUSINESS NAME: _____ **TAX YEAR** ☐☐☐☐

SALES TAX ACCOUNT ID: _____ **DUE DATE: ON OR BEFORE FEBRUARY 15,** _____

PTA ACCOUNT ID: _____ **EIN:** _____

A.	4th Quarter Payment Amount (Previous Year)	
B.	1st Quarter Payment Amount	
C.	2nd Quarter Payment Amount	
D.	3rd Quarter Payment Amount	
E.	Total Payment Made in Calendar Year. Line A + Line B + Line C + Line D	
F.	Total Licensing and Title Fees Paid to the Commonwealth During the Calendar Year. (Complete the schedule below)	
G.	Enter the **LOWER** of Line E or Line F. This is your refund.	

I CERTIFY THAT THIS REPORT IS TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF A FULL, TRUE AND CORRECT DISCLOSURE OF ALL TAXES COLLECTED DURING THE PERIOD INDICATED.

DATE	DAYTIME TELEPHONE	SIGNATURE	TITLE
		Please sign after printing.	

This schedule must be completed to support the amount entered on Line F in order to receive your refund. Attach a separate sheet if more space is required.

Make	Year	Title Number	Vehicle ID Number	Title Fee	Licensing Fee

Total Fees Paid		

INSTRUCTIONS

Complete tax year at top right of this return. Complete the following required fields: Business Name, Sales Tax Account ID, and PTA Account ID.

Line A. Enter Line 4 from the 4th Quarter of the previous year's Vehicle Rental Tax Quarterly (PA-5) Return.

Line B. Enter Line 4 from the 1st Quarter of the current year's Vehicle Rental Tax Quarterly Return.

Line C. Enter Line 4 from the 2nd Quarter of the current year's Vehicle Rental Tax Quarterly Return.

Line D. Enter Line 4 from the 3rd Quarter of the current year's Vehicle Rental Tax Quarterly Return.

Line E. Total Line A + Line B + Line C + Line D. Enter this figure on Line E. DO NOT include any penalty and interest paid for the quarters.

Line F. Enter the total licensing and title fees paid to the Commonwealth of Pennsylvania during the calendar year. Do not include third party processing fees. In order to receive a refund, you must complete and return this schedule. You may elect to submit a schedule of your own; however, it must contain all required information as noted above.

Line G. Your refund may not exceed the figure listed on Line E. Therefore, enter the lower of Line E or Line F on Line G.

Sign, date and include your daytime telephone number and title on report. Mail the report to:

PA DEPARTMENT OF REVENUE, PO BOX 280905, HARRISBURG, PA 17128-0905

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