



YORK ADAMS TAX BUREAU
 York: 717-845-1584
 Fax: 717-854-6376 email: employer@yatb.com
 Information at www.yatb.com

**HANOVER BOROUGH BUSINESS
 PRIVILEGE TAX RETURN**

THIS FORM MUST BE FILED WITH YOUR PAYMENT

DO NOT WRITE IN THIS SPACE

REPORT FOR TAX YEAR **20** _____

TAXING AUTHORITY:

Amended Return

| | | | |
|--|--|-----------------------|--|
| MBP ACCOUNT NUMBER: | | FEDERAL EIN: | |
| BUSINESS NAME AND MAILING ADDRESS: | | BUSINESS LOCATION: | |
| ACKNOWLEDGMENT AND SIGNATURE: I DECLARE UNDER PENALTY OF LAW THAT THIS RETURN IS A TRUE AND COMPLETE STATEMENT TO THE BEST OF MY KNOWLEDGMENT AND BELIEF. | | NATURE OF BUSINESS | |
| SIGNED _____ | | BUSINESS OWNER | |
| DATE: _____ | | OWNER PHONE NUMBER | |
| | | TAX PREPARER | |
| | | PREPARER PHONE NUMBER | |

COMPUTATION OF VOLUME OF BUSINESS:

A. IF BUSINESS COMMENCED AFTER JANUARY 1 OF PRIOR CALENDAR YEAR, INDICATE STARTING DATE (MM/DD/YY):

MULTIPLY YOUR FIRST MONTH'S VOLUME OF BUSINESS BY TWELVE (12): \$ _____ X 12 = \$ _____ **A.**

B. IF BUSINESS COMMENCED IN CURRENT YEAR, MULTIPLY YOUR FIRST MONTH'S VOLUME OF BUSINESS BY THE REMAINING NUMBER OF MONTHS IN THE CURRENT YEAR INCLUDING FRACTIONS THEREOF FROM STARTING DATE TO DECEMBER 31. FILE TAX RETURN 40 DAYS FROM THE DATE OF COMMENCING SUCH BUSINESS:

\$ _____ X _____ = \$ _____ **B.**
FIRST MONTH'S VOLUME REMAINING # OF MONTHS INCLUDING FRACTIONS THEREOF

C. IF TEMPORARY OR SEASONAL, FILE RETURN 7 DAYS AFTER CLOSE OF BUSINESS:

STARTING DATE _____ COMPLETION DATE _____ \$ _____ **C.**

| | REPORT ACTUAL GROSS OF BUSINESS | GROSS VOLUME OF BUSINESS | *EXEMPTION & EXCLUSIONS | TAXABLE AMOUNT | TAX RATE | AMOUNT OF TAX DUE | |
|----|---|--------------------------|-------------------------|----------------|----------|-------------------|----|
| 1. | SERVICE, RENTAL | | | | .002 | \$ | 1. |
| 2. | AMOUNT PAID PREVIOUSLY | | | | | \$ | 2. |
| 3. | TOTAL TAX (ENTER TOTAL OF LINE 1 - LINE 2) | | | | | \$ | 3. |
| 4. | ADD INTEREST @ 1/2% PER MONTH OR FRACTION THEREOF FROM DATE DUE UNTIL PAID. | | | | | \$ | 4. |
| 5. | AFTER APRIL 15, ADD 10% PENALTY | | | | | \$ | 5. |
| 6. | LICENSE/REGISTRATION FEE IF APPLICABLE THIS TAXING AUTHORITY | | | | | \$ -0- | 6. |
| 7. | COST OF COLLECTION (LATE FEE) | | | | | \$ | 7. |
| 8. | TOTAL (ENTER THE TOTAL OF ALL LINES 3 THROUGH 7) MAKE CHECKS PAYABLE TO: YATB | | | | | \$ | 8. |
| 9. | REFUND | | | | | \$ | 9. |

A COPY OF YOUR PRIOR YEAR FEDERAL INCOME TAX RETURN, OR APPROPRIATE IRS SCHEDULE (FORM 1120, 990, 1065 OR SCHEDULE C MUST BE FILED.)

*LIST EXEMPTIONS HERE

Make Checks payable to: YATB

There will be a **\$25.00** fee for returned payments & checks.

| | |
|-------|----|
| TOTAL | \$ |
|-------|----|

REMIT TO:
 York Adams Tax Bureau
 1405 North Duke Street
 PO Box 15627
 York, PA 17405

Label enclosed for your convenience

Hanover Borough Business Privilege Tax

The completed form with payment must be remitted to the York Adams Tax Bureau. Please contact the Employer Services Department with any questions via email at employer@yatb.com or by phone at 717-845-1584, option 2.

INSTRUCTIONS

1. Each person, partnership, association, or corporation engaged in a business providing a service within the Borough is liable for filing the business privilege tax returns and paying all tax which is due. Service gross receipts include all labor and materials that are a part of the service.
2. Returns are due April 15th. Failure to pay by the due date will result in penalty and interest charges being applied.
3. A copy of the appropriate properly completed IRS and/or PA schedule or schedules must be enclosed with your final return. An accounting of your receipts is also requested if the figure reported on the filing differs from the receipts amount listed on the schedule.
4. If business commenced less than one full year prior to the beginning of the tax year gross receipts are determined by multiplying by 12 the first full months receipts.
5. If business commenced after the beginning of the tax year the gross receipts are determined by multiplying the first month's receipts by the number of months remaining in the tax year.
6. If you require a receipt of your payment please include a self-addressed stamped envelope with your filing(s).

Remittance Address:

EMPLOYER SERVICES

YORK ADAMS TAX BUREAU

PO BOX 15627

YORK PA 17405