



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

**MERCANTILE AND 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 IN BUSINESS ENTIRE PRIOR CALENDAR YEAR, REPORT PRIOR CALENDAR YEAR GROSS RECEIPTS: \$ _____ A.
- B. IF BUSINESS COMMENCED AFTER JANUARY 1 OF PRIOR CALENDAR YEAR, INDICATE STARTING DATE (mm/dd/yyyy):
 MULTIPLY YOUR FIRST MONTH'S VOLUME OF BUSINESS BY TWELVE (12): \$ _____ X 12 = \$ _____ B.
- C. IF BUSINESS COMMENCED IN CURRENT CALENDAR 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 _____ = \$ _____ C.
- D. IF TEMPORARY OR SEASONAL, FILE RETURN 7 DAYS AFTER CLOSE OF BUSINESS.

REPORT ACTUAL GROSS OF BUSINESS	STARTING DATE:	GROSS VOLUME OF BUSINESS	* EXEMPTION & EXCLUSIONS	TAXABLE AMOUNT	TAX RATE	AMOUNT OF TAX DUE
1. SERVICE, RENTALS						
2. RETAIL BUSINESS						
3. WHOLESALE BUSINESS						
4. TOTAL TAX (ENTER TOTAL OF LINE 1 + LINE 2 + LINE 3)						\$ _____
5. ADD INTEREST @ _____ PER MONTH OR FRACTION THEREOF FROM DATE DUE UNTIL PAID.						\$ _____
6.						\$ _____
7. LICENSE/REGISTRATION FEE IF APPLICABLE FOR THIS TAXING AUTHORITY.						\$ _____
8. COST OF COLLECTION (LATE FEE)						\$ _____
9. TOTAL (ENTER TOTAL OF LINE 4 + LINE 5 + LINE 6 + LINE 7) MAKE CHECKS PAYABLE TO: YATB						\$ _____
10. REFUND						\$ _____

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 TAX REPORTED \$ _____



REMIT TO:
 York Adams Tax Bureau
 1405 North Duke Street
 PO Box 12009
 York, PA 17402

← peel label and apply to your return envelope