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

REPORT FOR TAX YEAR **20____**

☐ **Amended Return**

TAXING AUTHORITY:

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 KNOWLEDGE AND BELIEF.

SIGNED_____

DATE:_____

NATURE OF BUSINESS	
BUSINESS OWNER	
OWNER PHONE NUMBER	
TAX PREPARER	
PREPARER PHONE NUMBER	

COMPUTATION OF VOLUME OF BUSINESS:

***Must include a Federal Schedule, PA State Schedule, or Internal Report to match gross 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 the prior calendar year, indicate starting date: M M / D D / Y Y Y Y

Multiply your first month's volume of business by twelve(12): $_____x12 = B.

C. If business commenced in ***current*** calendar year, multiply first month's volume by number of months in business. File tax return ***40 days*** from the date of commencing such business.

$_____x_____= C.
First Months Volume — Number of months in business including fractions

D. If temporary or seasonal, file return 7 days after close of business. D.

Starting Date:_____ Completion Date:_____

COMPUTATION OF TAX:

Report actual gross of business	Gross volume of business	*Exemptions & Exclusions	Taxable Amount	Tax rate	Amount of tax due	
1. Service / Rentals	.00	.00	.00			1.
2. Retail Business	.00	.00	.00			2.
3. Wholesale Business	.00	.00	.00			3.
4. Total Tax (Lines 1 - 3)						4.
5. Add interest @ per month or fraction thereof from date due until paid						5.
6.						6.
7. License/ Registration fee if applicable for this taxing authority						7.
8. Cost of collection (late fee)						8.
9. Total (Lines 4 - 8)						9.
10. Refund or Credit						10.

* List exemptions on a separate page.

TOTAL PAID $

Make Checks payable to: YATB
There will be a **$25.00** fee for returned payments & checks.

REMIT TO: →

YATB
PO Box 12009
York, PA 17402

YATB MBP

Label enclosed for your convenience