

READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

2025

MUNICIPALITY OF NORRISTOWN

BUSINESS PRIVILEGE TAX RETURN

RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2025

VOLUME OF BUSINESS: JANUARY 1, 2025 THROUGH DECEMBER 31, 2025

LICENSE FEE PERIOD: JULY 1, 2026 THROUGH JUNE 30, 2027

Due Date July 1, 2026

OFFICIAL USE ONLY

DATE REC'D _____

AMT REC'D _____

CHECK NO _____

BATCH NO _____

**BUSINESS ACCOUNT
NUMBER:**

EIN/SSN:

BUSINESS LOCATION:

DID YOU TERMINATE / MOVE THIS BUSINESS

YES NO MOVED DATE:

IF MOVED, WHERE?

NON-PROFIT MANUFACTURER

ENTER WHOLE DOLLAR AMOUNTS ONLY

A return must be filed even if you have no gross receipts

1. Sales or Gross Volume of Business (January 1, 2025 to December 31, 2025)

2. First \$15,000 of gross volume of business exempt

- Additional Exclusions (Must attach written proof)

3. Taxable Gross Volume of Business (Line 1 Less Line 2)

Check if Amended Return

DOLLARS

**NO
CENTS**

1. 00

2. 00

3. 00

RETURN FOR YEAR 2025 BASED ON 2025 BUSINESS

RECEIPTS FROM LINE ABOVE

TAX COMPUTATIONS

4. Wholesale

4. x 001 4. 00

5. Retail

5. x.001 5. 00

6. Service

6. x.001 6. 00

7. Rental / Other Income

7. x.001 7. 00

8. Total (add Lines 4, 5, 6, & 7)

8. 00

9. Total Tax Due

9. 00

PENALTY AND INTEREST IF TAX PAID AFTER JULY 1, 2026

10. Add: 5% Penalty if paid after July 1, 2026 (multiply Line 9 x 5%)

10. 00

11. Add: 1% Interest per month or part thereof (multiply Line 9 x 1% x No. of months)

11. 00

12. TOTAL PENALTY AND INTEREST (Add Lines 10 & 11)

12. 00

LICENSE FEE

13. 2026 Annual License Fee - \$65 (Additional Locations: Add \$1.00 x # Locations = _____)

13. \$65 + _____ = \$ _____ 00

14. Total Amount Due (Add Lines 9,12 & 13)

14. 00

Any Work Papers containing calculations used to determine Gross Receipts and copies of Federal Returns shall be attached to this return.

Tax returns will not be considered complete unless such documents are attached.

1040 - SCH C; 1040 - SCH E; 1065; 1120; 1120S; P&L STATEMENT; 4797 8824

Make Check Payable to: **MUNICIPALITY OF NORRISTOWN**

Mail Return and Payment to: **TRI-STATE FINANCIAL GROUP**

PO BOX 38

BRIDGEPORT, PA 19405

610-270-9520

SEND ORIGINAL WITH PAYMENT - MAKE A COPY FOR YOUR RECORDS

I declare under penalty of law that all statements made here and/or in supporting
schedules are true, correct and complete to the best of my knowledge and belief.

Print Name

Telephone Number

Signature

Date

Signature of Person Preparing Return (if other than taxpayer)

Date

Address of Preparer

Telephone Number

**FORM MUST BE PREPARED IN ITS ENTIRETY, SIGNED
AND DATED. IF NOT, THE FORM WILL BE RETURNED
AND PENALTY AND INTEREST ADDED UNTIL COMPLETED
FORM IS RECEIVED.**

INSTRUCTIONS

BUSINESS PRIVILEGE / MERCANTILE TAX

The Business Privilege / Mercantile Tax is to be paid on the rate of the tax on each and every dollar of the whole or gross volume of business transacted within the territorial limits of the Municipality shall be one mill, which shall be \$1 per \$1,000 of gross volume of business.

EXEMPTION FROM GROSS OR WHOLE VOLUME OF BUSINESS

Each person subject to payment of the tax hereby imposed shall be entitled to exempt up to the first fifteen thousand dollars (\$15,000.00) of gross volume of business. If the gross volume of business is under fifteen thousand dollars (\$15,000.00), you are still required to file this return and pay the license fee for each location in Municipality. You are also required to attach a copy of your Federal Return to verify your revenue.

LICENSE

A separate license shall be required for each place of businesses within the Municipality. If a business is located outside the Municipality but providing services or selling products subject to the Business Privilege / Mercantile Tax within the Municipality, that business shall be required to obtain a license.

NOTICE

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of local taxes by calling **Tri-State Financial Group** at (610) 270-9520 during the office hours of 8:30 am to 4:30 pm, Monday through Friday.

All questions for clarification or help should be directed to:

**Tri-State Financial Group
PO Box 38
Bridgeport, PA 19405
610-270-9520**

To access additional forms and the rules and regulations you may visit our website: www.tfgtax.com