

# READ INSTRUCTIONS ON THE BACK BEFORE COMPLETING FORM

**2022**

**OFFICIAL USE ONLY**

**MUNICIPALITY OF NORRISTOWN**

**BUSINESS PRIVILEGE TAX RETURN**

RETURN FOR CALENDAR YEAR ENDED DECEMBER 31, 2022  
**VOLUME OF BUSINESS: JANUARY 1, 2022 THROUGH DECEMBER 31, 2022**  
 LICENSE FEE PERIOD: JULY 1, 2023 THROUGH JUNE 30, 2024  
 Due Date July 1, 2023

DATE REC'D \_\_\_\_\_ AMT REC'D \_\_\_\_\_

CHECK NO \_\_\_\_\_ BATCH NO \_\_\_\_\_

BUSINESS ACCOUNT NUMBER:

EIN/SSN:

BUSINESS LOCATION:

DID YOU TERMINATE / MOVE THIS BUSINESS

IF MOVED, WHERE?

YES  NO  MOVED DATE:

NON-PROFIT  MANUFACTURER

**ENTER WHOLE DOLLAR AMOUNTS ONLY**

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

**DOLLARS**

**NO CENTS**

1. Sales or Gross Volume of Business (January 1, 2022 to December 31, 2022)

1. \_\_\_\_\_ 00

2. **First \$15,000 of gross volume of business exempt**  
 - Additional Exclusions (Must attach written proof)

2. \_\_\_\_\_ 00

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

Check if Amended Return

3. \_\_\_\_\_ 00

**RETURN FOR YEAR 2022 BASED ON 2022 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. \_\_\_\_\_

8. \_\_\_\_\_ 00

9. Total Tax Due

9. \_\_\_\_\_ 00

**PENALTY AND INTEREST IF TAX PAID AFTER JULY 1, 2023**

10. Add: 5% Penalty if paid after July 1, 2023 (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. 2023 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 Volume of Business and copies of Federal Returns shall be attached to this return.**

**\*\* Tax return will not be considered complete unless such documents are attached. \*\***

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

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

**SEND ORIGINAL WITH PAYMENT - MAKE A COPY FOR YOUR RECORDS**

**PO BOX 38**

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.

**BRIDGEPORT, PA 19405  
610-270-9520**

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 9:00 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](http://www.tfgtax.com)