

**MANCHESTER TOWNSHIP  
BUSINESS PRIVILEGE RETURN  
FOR THE YEAR 2025**

Name of Business .....  
Business Location .....  
Mailing Address .....  
Nature of Business .....  
Contact Name .....  
Phone Number .....

Make checks payable to:  
**JEAN STAMBAUGH**  
Tax Collector  
3204 Farmtrail Rd, York, PA 17406  
Telephone (717) 767-6689

**1. Please complete one of the following:**

- 1a. Full Year Operation** (from January 1, 2024 to December 31, 2024)  
The GROSS VOLUME OF BUSINESS, cash or credit transacted was \$.....
- 1b. Part Year Operation** (commenced after January 1, 2024 but before  
December 1, 2024) The starting date was .....  
**Annualized** GROSS VOLUME OF BUSINESS, cash or credit transacted was \$.....
- 1c. New Operation** (commenced after December 1, 2024)  
The starting date was .....  
The GROSS VOLUME of BUSINESS, cash or credit, for the first month of  
operation was \$ ..... multiplied by ..... (the number of months  
in 2025, including fractions thereof, from starting date to December 31, 2025) \$ .....
- 2. Total Gross Volume** (add 1a, 1b and 1c) ..... \$ .....
- 3. Tax Due** (multiply Total gross volume by .0015 (1.5 mils) ..... \$ .....
- 4. Penalty @ 10% after April 15, 2025** ..... \$ .....
- 5. TOTAL AMOUNT DUE** ..... \$ .....

**IMPORTANT – INDICATE WHERE RECORDS WILL BE AVAILABLE FOR AUDIT OF THIS RETURN**

Every taxpayer is required to attach a copy of his IRS Schedule "C", Form 1065 or 1120 with return.

**Taxpayer** – I certify that this return has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and in accordance with Manchester Township Code of Ordinances Chapter 24, Sections 301-310.

.....  
**Taxpayer Signature**

.....  
**Date**

This return must be filed on or before  
**April 15, 2025** after which date a penalty  
of 10% will be due.

Please retain a copy of the return for your records.