MANCHESTER TOWNSHIP MERCANTILE RETURN FOR THE YEAR 2024

Name of Business		Make checks payable to:	
		JEAN STAMBAU	
Mailing Address			
Nature of Business			
Contact Name/ Phone Number			
Do you currently or did you in the past calendar year engage in any WHOLESALE BUSINESS operations?			
Yes No If you checked the block marked "Yes," you must complete the appropriate subpart of PART I.			
PART I – WHOLESALE BUSINESS OPERATIONS			
A.	Full Year Operation (from January 1, 2023 to December 31, 2023) The GROSS VOLUME OF WHOLESALE BUSINESS, cash or credit trans	sacted was	\$
B.	Part Year Operation (commenced after January 1, 2023 but before Dece Annualized GROSS VOLUME OF WHOLESALE BUSINESS, cash or cre		\$
C.	New Operation (commenced after December 1, 2023) The start date was The GROSS VOLUME OF WHOLESALE BUSINESS, cash or credit, for to of operation was \$	the first month	
	in 2024, including fractions thereof, from starting date to December 31, 20		\$
Multiply the dollar amount computed in A, B or C by .001 (1 mil). This is the amount you owe for your WHOLESALE BUSINESS OPERATIONS			\$
Do you currently or did you in the past calendar year engage in any RETAIL BUSINESS operations?			
Yes No If you checked the block marked "Yes," you must complete the appropriate subpart of PART II.			
PART II – RETAIL BUSINESS OPERATIONS			
A.	Full Year Operation (from January 1, 2023 to December 31, 2023) The GROSS VOLUME OF RETAIL BUSINESS, cash or credit transacted	was	\$
В.	Part Year Operation (commenced after January 1, 2023 but before Dece Annualized GROSS VOLUME OF RETAIL BUSINESS, cash or credit tra		\$
C.	New Operation (commenced after December 1, 2023) The start date was The GROSS VOLUME of RETAIL BUSINESS, cash or credit, for the first Operation was \$	month of hs	\$
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Multiply the dollar amount computed in A, B or C by .0015 (1.5 mil). This is the amount you owe for your RETAIL BUSINESS OPERATIONS			\$
Total Tax Due (add Parts I and II above)			\$
Penalty @ 10% if paid after April 15, 2024		\$	
TOTAL AMOUNT DUE		\$	
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 201-212.			
Taxpa	yer Signature	Date	

IMPORTANT – Every Taxpayer is required to attach a copy of IRS Schedule "C", Form 1065 or 1120 with return. INDICATE WHERE RECORDS WILL BE AVAILABLE FOR AUDIT OF THIS RETURN

Please retain a copy of the return for your records.