

**TOWNSHIP OF SPRINGFIELD**  
**BUSINESS PRIVILEGE TAX RETURN**  
**(FIRST RETURN)**

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE NO. \_\_\_\_\_

NAME OF OWNER OR OWNERS \_\_\_\_\_

OWNER'S OR OWNERS' ADDRESS(ES) \_\_\_\_\_ PHONE NO. \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

|  |  | <b>TAX</b> |  |
|--|--|------------|--|
| <b>1</b>   | <b>NEW BUSINESS: ESTIMATED TAXABLE GROSS RECEIPTS FOR YEAR ENDING</b><br><b>DECEMBER 31, 20</b> (Enter from Item (d), Schedule "A" (Reverse Side)) |            |  |
| <b>2</b>   | <b>TAX DUE: (Enter from Item (h), Schedule "A" (Reverse Side))</b>   |            |  |
| <b>MAKE REMITTANCE PAYABLE TO – TOWNSHIP OF SPRINGFIELD – IN THIS AMOUNT</b> ↴ |  |            |  |

**QUESTIONS**

(Answer fully – use extra sheet if necessary)

- |  |  |
|--|--|
| <p>1. Please check applicable block:<br/> <input type="checkbox"/> Individual   <input type="checkbox"/> Partnership   <input type="checkbox"/> Corporation<br/> <input type="checkbox"/> Other</p> <p>2. Is this return based on full year?<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>3. Date business or other activity started _____</p> | <p>4. Number of full time employees _____</p> <p>5. Do you have any branch or other business?<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   If "yes" submit location.<br/>         _____</p> <p>6. Do you lease any departments to others?<br/> <input type="checkbox"/> Yes   <input type="checkbox"/> No   If "yes" submit Schedule showing details.</p> |
|--|--|

DECLARE UNDER PENALTY OF LAW THAT ALL STATEMENTS MADE HEREIN AND/OR IN SUPPORTING SCHEDULES ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature \_\_\_\_\_

Signature of Person Preparing – if other than Taxpayer \_\_\_\_\_      Official Title \_\_\_\_\_      Date \_\_\_\_\_  
 (Owner, Partner, President, etc.)

**MAKE CHECK OR MONEY ORDER PAYABLE TO: TOWNSHIP OF SPRINGFIELD**  
**MAIL TO BUSINESS TAX OFFICE, MUNICIPAL BUILDING, 50 POWELL ROAD, SPRINGFIELD, PA 19064**  
**610-544-1300**

**SCHEDULE "A" – ESTIMATED TAX – NEW BUSINESS**

- (a) Gross volume first full month .....\$ \_\_\_\_\_
  - (b) Less Exclusions or Exemptions (Ordinance #1024, Art. II - Sect. #204).....\$ \_\_\_\_\_
  - (c) Total gross volume first full month (item (a) minus item (b)).....\$ \_\_\_\_\_
  - (d) Taxable gross volume (item (c) multiplied by number of months  
to December 31) .....\$ \_\_\_\_\_
  - (e) Tax due: multiply item (d) by 3 mills (.003) .....\$ \_\_\_\_\_
  - (f) Penalty (See instructions below).....\$ \_\_\_\_\_
  - (g) Interest (See instructions below).....\$ \_\_\_\_\_
  - (h) TOTAL estimated tax, plus penalty and interest, if applicable .....\$ \_\_\_\_\_
- 

**INSTRUCTIONS**

NEW BUSINESS – TAX MUST BE PAID WITHIN **60 DAYS** AFTER OPENING DATE OF BUSINESS.

LATE FILING – PENALTY OF 10% OF TAX PLUS INTEREST AT RATE OF 1% PER MONTH (a fraction of a month is considered a full month) to be added if filed after due date.

This form must be prepared in its entirety. If not applicable, so state.