CITY OF PHILADELPHIA

DEPARTMENT OF REVENUE

Business Tax Worksheet

For Use by Trade Show Vendors

Due Date: ***No later than 30 days from final date of show***

City Account Number

Federal EIN or SSN

☐ Calendar Year **2007**

☐ Fiscal Year Ending:_____

This form is intended for itinerant taxpayers who do not conduct regular repeated business activity in the City and who have obtained a temporary ***Business Privilege License*** from the Department of Licenses and Inspections. If you conduct regular repeat business activity within the City, you should obtain or already have a regular Business Privilege License and file using the normal Business Privilege and Net Profits returns, as applicable.

All vendors must complete lines 1 through 11. If you are unincorporated, also complete lines 12 through 16. Residents and non-residents of Philadelphia have different tax rates. Use the appropriate rate on Line 12. For questions concerning this form call 215-686-6434.

TAXPAYER'S NAME	EVENT NAME		
MAILING ADDRESS	CITY	STATE	ZIP CODE
BUSINESS ADDRESS ***(NUMBER AND STREET. DO NOT USE P.O. BOX NUMBERS.)***	CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS

Business Privilege Tax from Trade Show Activity

1. Total Gross Receipts from trade show activity.....1. ___,___.00
2. **Tax Due on Gross Receipts** from event (line 1 times .00154).....2. ___,___.00
3. Total Gross Receipts from line 1.....3. ___,___.00
4. Cost of goods sold.....4. ___,___.00
5. Payroll - For Event.....5. ___,___.00
6. Other Expenses - For Event.....6. ___,___.00
7. Total Expenses (add lines 4, 5 and 6).....7. ___,___.00
8. Net taxable income from event (line 3 minus line 7).....8. ___,___.00
9. **Tax Due on Net Income** from event (line 8 times .065).....9. ___,___.00
10. **Total Business Privilege Tax Due** (line 2 plus line 9).....10. ___,___.00

Net Profits Tax from Trade Show Activity

11. Net taxable income from event (amount on line 8).....11. ___,___.00
12. **Residents** multiply line 11 by .0426. **Non-residents** multiply line 11 by .037557.....12. ___,___.00
13. Business Privilege Tax Credit (enter 60% of line 9).....13. ___,___.00
14. **Net Profits Tax Due** (line 12 minus line 13).....14. ___,___.00
15. **Total Tax Due** (line 10 plus line 14). **Make check payable to "City of Philadelphia"**.....15. ___,___.00

I hereby certify that the information contained herein is true, correct and complete to the best of my knowledge.

Signature_____Date_____

Mail completed worksheet and payment to:

City of Philadelphia
Department of Revenue
Exception Processing Unit
Municipal Services Building, Concourse Level
1401 John F. Kennedy Boulevard
Philadelphia, PA 19102

phila.gov/revenue