

**CITY OF PHILADELPHIA  
BUSINESS PRIVILEGE TAX - EZ**

**DUE BY APRIL 15, 1999**

MAKE NO MARKS IN THIS AREA  
**0 1 9 9**  
DO NOT STAPLE THIS RETURN

**1999  
BPT-EZ**

TAXPAYER NAME & ADDRESS

CITY ACCOUNT NUMBER

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**Always enter your account number**

FEDERAL IDENTIFICATION NUMBER

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SOCIAL SECURITY NUMBER

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Use the Change Form to report an address change.

If your business terminated in 1999, enter the termination date here:

m	m	-	d	d	-	y	y	y	y
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**COMPUTATION OF TAX DUE OR REFUND**

1. NET INCOME PORTION OF TAX (from Page 2, Line 5). If there is no tax due, enter "0".....	1.		,		,		.00
2. GROSS RECEIPTS PORTION OF TAX (from Page 2, Line 8). If there is no tax due, enter "0".....	2.		,		,		.00
3. TAX DUE for the 1999 Business Privilege Tax (Line 1 plus Line 2).....	3.		,		,		.00
4. Estimated payments and other credits:							
a. Credit from overpayment of 1998 Net Profits Tax.....	4a.		,		,		.00
b. Credit from overpayment of 1998 Business Privilege Tax.....	4b.		,		,		.00
c. Credit from 1999 Business Privilege Tax previously made.....	4c.		,		,		.00
Total Payments and Credits (Total Lines 4a through 4c).....	4.		,		,		.00
5. Net Tax Due (Line 3 less Line 4).....	5.		,		,		.00
6. Interest and Penalty (Cumulative % from Instruction Sheet multiplied by Line 5).....	6.		,		,		.00
7. <b>TOTAL DUE</b> including Interest and Penalty (Line 5 plus Line 6). <b>Make check payable to: "City of Philadelphia"</b> .....	7.		,		,		.00
8. Overpayment options. If Line 4 is larger than Line 3, enter:							
a. Amount to be refunded. <b>Do not file a separate Refund Petition</b> .....	8a.		,		,		.00
b. Amount of overpayment to be applied up to the tax due to the 1998 Net Profits tax.....	8b.		,		,		.00
c. Amount of overpayment to be applied to the 2000 Business Privilege tax.....	8c.		,		,		.00

Under penalties of perjury, as set forth in 18 Pa. C.S. §§ 4902-4903 as amended, I swear that I have reviewed this return and accompanying statements and schedules, and to the best of my knowledge and belief, they are true and complete.

Taxpayer Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Preparer Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

**DO NOT STAPLE THIS RETURN**

