

**CITY OF PHILADELPHIA  
TERMINATION  
NET PROFITS TAX RETURN**

This return is due 105 days after termination.

MAKE NO MARKS IN THIS AREA

0 3 0 0

DO NOT STAPLE THIS RETURN

**Termination  
NPT 2000**

TAXPAYER NAME & ADDRESS PLACE LABEL HERE

CITY ACCOUNT NUMBER

Grid for City Account Number

Always enter your account number

If this is an amended return place an "X" here.....

If applicable, enter percentage from Page 3, Worksheet D, Line 3.....  %

**Only use this return if your business has terminated prior to December 31, 2000.**

See instructions on Page 5 and Worksheet on Page 7.

Enter the termination date of the business:     /    /     You must enter a date to use this form.

FEDERAL IDENTIFICATION NUMBER

Grid for Federal Identification Number

SOCIAL SECURITY NUMBER

Grid for Social Security Number

Darken circle to indicate a net loss.

|  |                       |                      |   |                      |   |                      |   |    |
|--|-----------------------|----------------------|---|----------------------|---|----------------------|---|----|
| 1. Taxable Income (Loss) - Residents (from Worksheet A, Line 4).....1.   | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 2. Line 1 X .045635 (4.5635%).....2.   | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 3. Taxable Income (Loss) - Non-Residents (from Worksheet B, Line 6).....3.   | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 4. Line 3 X .039672 (3.9672%).....4.   | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 5. Total Tax Due (Line 2 plus Line 4).....5.   | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 6a. Net overpayment of 2000 Business Privilege Tax from Page 7, Line 10.....6a.  | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 6b. Estimated payments and other credits from Page 3, Worksheet E, Line 4.....6b.                                      | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 6c. Total payments and credits (Line 6a plus Line 6b).....6c.  | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 7. Amount of Tax Due (Line 5 less Line 6c); if Line 6c is greater than Line 5 enter difference on Line 10.....7.       | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 8. Interest and Penalty (See chart on Instruction Sheet III for cumulative % X Line 7).....8.                          | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 9. TOTAL DUE including Interest and Penalty (Line 7 plus Line 8). Make check payable to: "City of Philadelphia".....9. | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 10. Tax Overpaid. If Line 6c is greater than Line 5, enter difference here .....10.                                    | <input type="radio"/> | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 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