

CITY OF PHILADELPHIA  
DUE BY APRIL 17, 2000



# BPT/BPT-EZ 2000

## BUSINESS PRIVILEGE TAX RETURN

TAXPAYER'S NAME AND ADDRESS. PLACE LABEL HERE.

← Attach label  
and  
Always enter your  
account number →

CITY ACCOUNT NUMBER

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IF THIS IS AN AMENDED RETURN,  
CHECK HERE:

FEDERAL I.D. NUMBER

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SOCIAL SECURITY NUMBER

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0	1	2	3	4	5	6	7	8	9
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 ■ PRINT YOUR NUMERALS LIKE THIS

- Use the Change Form to indicate a termination of business or a change in business entity. Refer to the instructions on the cover of this booklet.
- If your business terminated prior to 1/1/2000, you may be entitled to a partial refund (use the refund petition in the back of this booklet).

COMPUTATION OF TAX DUE OR REFUND

LINE 1.	NET INCOME PORTION OF TAX (from Page 2, line 5 or Page 3, line 12 or Page 4, line 12). If there is no tax due, enter "0".....	1.	0 0
LINE 2.	GROSS RECEIPTS PORTION OF TAX (from Page 2, line 8 or Page 6, line 8 or Page 7, line 18). If there is no tax due, enter "0".....	2.	0 0
3.	TOTAL TAX DUE (Line 1 plus Line 2).....	3.	0 0
4.	ESTIMATED PAYMENTS MADE AND OTHER CREDITS		
	a. Credit from overpayment of 1999 NPT. ....	4a.	0 0
	b. Credit from overpayment of 1999 Business Privilege Tax (Enter amount, if applicable from Line 8c of 1999 BPT or 8c of 1999 BPT-EZ).....	4b.	0 0
	c. Payment of 2000 BPT made with Application for Extension of Time to File.....	4c.	0 0
	Total Payments and Credits (Line 4a plus 4b and 4c).....	4.	0 0
5.	TAX DUE. If line 3 is larger than line 4, enter difference here.....	5.	0 0
6.	Interest and Penalty: (Refer to Instruction Sheet D for Cumulative %) (Cumulative % x line 5) ..	6.	0 0
7.	TOTAL DUE including Interest and Penalty (Line 5 plus line 6). Make checks payable to "City of Philadelphia".....	7.	0 0
8.	If Line 4 is larger than line 3, Enter;		
	a. Amount to be paid to taxpayer.....	8a.	0 0
	b. Amount of overpayment to be applied up to the tax due to the 1999 Net Profits Tax ..	8b.	0 0
	c. Amount of overpayment to be applied to 2001 Business Privilege Tax.....	8c.	0 0

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 # \_\_\_\_\_