CITY OF PHILADELPHIA
DUE BY
APRIL 17, 2000

BUSINESS PRIVILEGE TAX NEW START RETURN

15990

BPT-NS/NSEZ 1999

TAXPAYER'S NAME AND ADDRESS. PLACE LABEL HERE.

Attach label and Always enter your account number

CITY ACCOUNT NUMBER

IF THIS IS AN AMENDED RETURN, CHECK HERE: .....

FEDERAL I.D. NUMBER

SOCIAL SECURITY NUMBER

- 0 1 2 3 4 5 6 7 8 9
  PRINT YOUR NUMERALS LIKE THIS
- Use the Change Form to indicate a termination of business or a change in business entity.
- If your business terminated prior to 1/1/1999, 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
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 1998 NPT. 4a. 0 0
   b. Credit from overpayment of 1998 Business Privilege Tax (Enter amount, if applicable from Line 8b of 1998 BPTNS or 8b of 1998 NSEZ)..... 4b. 0 0
   c. Payment of 1999 BPTNS 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 E 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 2000 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 No. _____

Preparer Signature _____ Date _____ Phone No. _____