

**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 1
DO NOT STAPLE THIS RETURN

**Termination
2001 NPT**

TAXPAYER NAME & ADDRESS PLACE LABEL HERE

Only use this return if your business has terminated prior to December 31, 2001.

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.

CITY ACCOUNT NUMBER

_____|_____|_____|_____|_____|_____|_____|_____|

Always enter your account number

FEDERAL IDENTIFICATION NUMBER

_____|_____|_____|_____|_____|_____|_____|_____| - ____|____|____|____|____|____|

SOCIAL SECURITY NUMBER

_____|_____|_____|_____|_____|_____|_____|_____| - ____|____| - ____|____|____|____|

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

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

Darken box to indicate a net loss.

1. Taxable Income (Loss) - Residents (from Worksheet A, Page 2, Line 4).....1.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
2. Line 1 X .045385 (4.5385%).....2.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
3. Taxable Income (Loss) - Non-Residents (from Worksheet B, Page 2, Line 6).....3.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
4. Line 3 X .039462 (3.9462%).....4.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
5. Total Tax Due (Line 2 plus Line 4).....5.	<input type="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
6a. Net overpayment of 2001 Business Privilege Tax from Page 7, Line 10.....6a.	<input type="checkbox"/>	<input type="text"/>	,	<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="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
6c. Total payments and credits (Line 6a plus Line 6b).....6c.	<input type="checkbox"/>	<input type="text"/>	,	<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="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
8. Interest and Penalty (Cumulative % from Instruction Sheet III multiplied by Line 7).....8.	<input type="checkbox"/>	<input type="text"/>	,	<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="checkbox"/>	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	00
10. Tax Overpaid. If Line 6c is greater than Line 5, enter difference here10.	<input type="checkbox"/>	<input type="text"/>	,	<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