

2005 NET PROFITS TAX - 1st ESTIMATED TAX PAYMENT

(See Instruction Sheet II)

Print name: _____
Address: _____

Phone #: _____

Due Date: 4/15/2005

ENP-1

**DEPARTMENT OF REVENUE
CITY OF PHILADELPHIA
P.O. BOX 1529
PHILADELPHIA, PA 19105-1529**

CITY ACCOUNT NUMBER

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

FEDERAL EIN OR SOCIAL SECURITY #

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

1. Enter 25% of amount from Page 2, Worksheet C, Line 3

_____|_____|_____|_____|_____|_____| . 0 0

2. Overpayment from Page 1, Line 10

_____|_____|_____|_____|_____|_____| . 0 0

3. First estimate of 2005 Net Profits Tax due (Line 1 less Line 2.) If Line 2 is greater than Line 1, enter 0.

_____|_____|_____|_____|_____|_____| . 0 0

**Make check payable to:
"City of Philadelphia"**

3a. If Line 2 is greater than Line 1, enter difference here and on Line 2 of the 2nd estimate coupon (ENP-2). Retain this coupon for your records.

_____|_____|_____|_____|_____|_____| . 0 0

DETACH ALONG DOTTED LINE -- RETURN WITH PAYMENT

2005 NET PROFITS TAX - 2nd ESTIMATED TAX PAYMENT

(See Instruction Sheet II)

Print name: _____
Address: _____

Phone #: _____

Due Date: 6/15/2005

ENP-2

**DEPARTMENT OF REVENUE
CITY OF PHILADELPHIA
P.O. BOX 1529
PHILADELPHIA, PA 19105-1529**

CITY ACCOUNT NUMBER

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

FEDERAL EIN OR SOCIAL SECURITY #

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

1. Enter 25% of amount from Page 2, Worksheet C, Line 3

_____|_____|_____|_____|_____|_____| . 0 0

2. Overpayment from Form ENP-1, Line 3a

_____|_____|_____|_____|_____|_____| . 0 0

3. Second estimate of 2005 Net Profits Tax due (Line 1 less Line 2; if Line 2 is greater than Line 1, do not file this coupon as your required estimates have already been paid.)

_____|_____|_____|_____|_____|_____| . 0 0

**Make check payable to:
"City of Philadelphia"**

DETACH ALONG DOTTED LINE -- RETURN WITH PAYMENT

2004 NET PROFITS TAX PAYMENT COUPON

(See Instruction Sheet II)

Print name: _____
Address: _____

Phone #: _____

Due Date: 4/15/2005

**DEPARTMENT OF REVENUE
CITY OF PHILADELPHIA
P.O. BOX 1529
PHILADELPHIA, PA 19105-1529**

CITY ACCOUNT NUMBER

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

FEDERAL EIN OR SOCIAL SECURITY #

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

1. Tax Due per Page 1, Line 7

_____|_____|_____|_____|_____|_____| . 0 0

2. Interest & Penalty

_____|_____|_____|_____|_____|_____| . 0 0

3. Total Due (Line 1 plus Line 2)

_____|_____|_____|_____|_____|_____| . 0 0

**Make check payable to:
"City of Philadelphia"**