CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
PETITION FOR REDUCED 2003 BUSINESS PRIVILEGE TAX MANDATORY ESTIMATED PAYMENT

SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION.

CONTACT PERSON *(First Name, Middle Initial, Last Name)*		**(Office use only)** APPROVE ☐ REJECT ☐ BY DATE
BUSINESS NAME		**FEDERAL EMPLOYER IDENTIFICATION NO.**
MAILING ADDRESS		**SOCIAL SECURITY NUMBER**
CITY		**STATE** / **ZIP CODE**
PHONE NUMBER	**FAX NUMBER**	**E-MAIL ADDRESS**

Enter year business started in Philadelphia: ☐☐☐☐

Amount from Page 1 or Page 3, Line 3 of the **Original** 2002 Business Privilege Tax return that was due on **April 15, 2002**..... ☐,☐☐☐,☐☐☐.00

Amount from Page 1 or Page 3, Line 3 of the **Actual** 2002 Business Privilege Tax return that is due on **April 15, 2003**..... ☐,☐☐☐,☐☐☐.00

Petitioned 2003 Business Privilege Tax Estimated Payment.
Enter the amount you believe you will owe for the 2003 BPT..... ☐,☐☐☐,☐☐☐.00

BASIS FOR THE PETITIONED 2003 BUSINESS PRIVILEGE TAX ESTIMATED PAYMENT:

I understand that the acceptance of this petition constitutes a waiver of my right to seek abatement of subsequent interest and penalties imposed due to an underestimate of the actual tax liability.

PETITIONER'S SIGNATURE	**TITLE**	**DATE**

MAIL COMPLETED PETITION TO:
PHILADELPHIA DEPARTMENT OF REVENUE
TECHNICAL STAFF - ROOM 630 - MSB
1401 JOHN F. KENNEDY BOULEVARD
PHILADELPHIA, PA 19102
OR FAX TO: 215-686-6537

CONTACT INFORMATION:
215-686-6434
e-mail: revenue@phila.gov
web: phila.gov/revenue

(Rev. 2-3-2003)