

CITY OF PHILADELPHIA
 DEPARTMENT OF REVENUE
Business Tax Worksheet
 For Use by Trade Show Vendors

Due Date: **No later than 30 days from final date of show**

City Account Number

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Calendar Year

2003

Federal EIN or SSN

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Fiscal Year Ending: _____

This form is intended for itinerant taxpayers who do not conduct regular repeated business activity in the City and who have obtained a temporary **Business Privilege License** from the Department of Licenses and Inspections. If you conduct regular repeat business activity within the City, you should obtain or already have a regular Business Privilege License and file using the normal Business Privilege and Net Profits returns, as applicable.

All vendors must complete lines 1 through 11. If you are unincorporated, also complete lines 12 through 16. Residents and non-residents of Philadelphia have different tax rates. Use the appropriate rate on line 12. For questions concerning this form call 215-686-6434.

NAME		EVENT NAME		
MAILING ADDRESS		CITY	STATE	ZIP CODE
BUSINESS ADDRESS (NUMBER AND STREET. DO NOT USE P.O. BOX NUMBERS.)		CITY	STATE	ZIP CODE
BUSINESS TELEPHONE NUMBER	HOME TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

Business Privilege Tax from Trade Show Activity

1. Total Gross Receipts from trade show activity.....	1.				,				.			
2. Tax Due on Gross Receipts from event (line 1 x .0023).....	2.				,				.			
3. Total Gross Receipts from line 1.....	3.				,				.			
4. Cost of goods sold.....	4.				,				.			
5. Payroll - For Event.....	5.				,				.			
6. Other Expenses - For Event.....	6.				,				.			
7. Total Expenses (Add lines 4, 5 and 6).....	7.				,				.			
8. Net taxable income from event (line 3 minus line 7).....	8.				,				.			
9. Tax Due on Net Income from event (line 8 x .065).....	9.				,				.			
10. Total Business Privilege Tax Due (line 2 + line 9).....	10.				,				.			

Net Profits Tax from Trade Show Activity

11. Net taxable income from event (amount on line 8).....	11.				,				.			
12. Residents multiply line 11 x .044625. Non-residents multiply line 11 x .038801.....	12.				,				.			
13. Business Privilege Tax Credit (enter 60% of line 9).....	13.				,				.			
14. Net Profits Tax Due (line 12 minus line 13).....	14.				,				.			
15. Total Tax Due (line 10 + line 14) Make check payable to "City of Philadelphia".....	15.				,				.			

I hereby certify that the information contained herein is true, correct and complete to the best of my knowledge.

Signature _____ Date _____

Mail completed worksheet and payment to:

City of Philadelphia
 Department of Revenue
 Exception Processing Unit
 Municipal Services Building, Concourse Level
 1401 John F. Kennedy Boulevard
 Philadelphia, PA 19102