CITY OF PHILADELPHIA

0399L

Termination NPT 1999

TERMINATION NET PROFITS TAX RETURN

TAXPAYER'S NAME AND ADDRESS. PLACE LABEL HERE

Attach label and enter your account number

City Account Number shown on label

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

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

- 0 1 2 3 4 5 6 7 8 9 ■ PRINT YOUR NUMERALS LIKE THIS
- **See instructions and worksheet on back.**
- Enter the termination date of the business: _____/_____/_____
- This return is due 105 days after termination.

FEDERAL I.D. NUMBER

SOCIAL SECURITY NUMBER

Place ☒ in box only if there is a net loss. →

1. Taxable income - residents (from Worksheet A, Line 4) 1. 0 0
2. Line 1 X .046135 (4.6135%) 2. 0 0
3. Taxable income - non-residents (from Worksheet B, Line 6) 3. 0 0
4. Line 3 X .040112 (4.0112%) 4. 0 0
5. Total Tax Due (Line 2 plus Line 4) 5. 0 0

6a. Net overpayment of 1999 Business Privilege Tax from Worksheet, Line 10 . . . . . 6a. 0 0

6b. Estimated payments and other credits from Page 3, Worksheet E, Line 4 . . . . . 6b. 0 0

6c. Total payments and credits (Line 6a, plus Line 6b) 6c. 0 0

7. Amount of Tax Due (Line 5 less Line 6c); if Line 6c is greater than Line 5, enter difference on Line 10 . . . . . 7. 0 0
8. Interest and Penalty. (See chart on Instruction Sheet C for cumulative % X Line 7) 8. 0 0
9. TOTAL AMOUNT DUE (Line 7 plus Line 8). Make checks payable to "City of Phila." 9. 0 0
10. Tax Overpaid. If Line 6c is greater than Line 5, enter difference here 10. 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. _____