

Name & Address: _____

**CITY OF PHILADELPHIA
1998 NET PROFITS TAX
PAYMENT COUPON**

Signature: _____
I hereby certify that I have examined this return and
that it is correct to the best of my knowledge.
Phone #: _____

Account #: _____
Due Date: **4/15/99**
Social Security or EIN #: _____

1. TAX DUE PER PAGE 1, LINE 7
[] []

2. INTEREST AND PENALTY
[] []

3. TOTAL DUE (LINE 1 + 2)
[] []

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

Make checks payable to:
CITY OF PHILADELPHIA

DETACH ALONG DOTTED LINE — RETURN WITH PAYMENT

Name & Address: _____

**CITY OF PHILADELPHIA 1999 NET PROFITS TAX
ESTIMATED TAX PAYMENT (ENP-1)**

Account #: _____
Signature: _____
I hereby certify that I have examined this return and
that it is correct to the best of my knowledge.
Phone #: _____

1. Enter 25% of amount from Worksheet C, Line 3
[] []

2. Overpayment from page 1, Line 10 (Form NPT)
[] []

Social Security or EIN #: _____

3. First estimate of 1999 Net Profits Tax due (Line 1
less Line 2) if line 2 is greater than line 1, enter 0.
[] []

3a. If line 2 is greater than line 1, enter difference
here and on the 2nd estimate form (ENP-2)
line 2; keep this form for your records.
[] []

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

Make checks payable to:
CITY OF PHILADELPHIA

1st Estimate Due: **4/15/99**

Name & Address: _____

**CITY OF PHILADELPHIA
1999 NET PROFITS TAX
ESTIMATED TAX PAYMENT (ENP-2)**

Signature: _____
I hereby certify that I have examined this return and
that it is correct to the best of my knowledge.
Phone #: _____

Account #: _____

1. Enter 25% of amount from Worksheet C, Line 3
[] []

2. Overpayment from (Form ENP-1, Line 3a)
[] []

3. Second estimate of 1999 Net Profits Tax due
(line 1 less line 2; if line 2 is greater than line
1 do not file this form as your required
estimates have already been paid.)
[] []

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

2nd Estimate Due: **6/15/99**
Social Security or EIN #: _____

Make checks payable to:
CITY OF PHILADELPHIA

DETACH ALONG DOTTED LINE — RETURN WITH PAYMENT
