

NAME: _____
ADDRESS: _____

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

CITY OF PHILADELPHIA
1998 BUSINESS PRIVILEGE TAX
NEW START
PAYMENT COUPON

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

1. TAX DUE PER PAGE 1, LINE 5

--	--

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: _____

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

CITY OF PHILADELPHIA
1998 BUSINESS PRIVILEGE TAX
NEW START
EXTENSION COUPON

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

1. TAX DUE (From Instruction Sheet G, Line 3)

--	--

Check One:
60 Day Automatic Extension

IRS Extension

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

- All payments of tax due with this return are to be made with a **payment coupon**. **Pre-printed coupons** have been enclosed with the tax booklet(s) mailed to existing business accounts. **NOTE:** The blank coupons located in the back of this booklet should be used **only** if the **pre-printed** coupons are not available.