

CITY OF PHILADELPHIA
 DEPARTMENT OF REVENUE
Business Tax Return
 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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Tax Year
2008

Federal EIN or SSN

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This return 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 10 and line 15. If you are unincorporated, also complete lines 11 through 14. 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.

TAXPAYER'S 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. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 2. Tax Due on Gross Receipts from event (line 1 times .001415)..... | 2. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 3. Total Gross Receipts from line 1..... | 3. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 4. Cost of goods sold..... | 4. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 5. Payroll - For Event Only..... | 5. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 6. Other Expenses - For Event Only..... | 6. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 7. Total Expenses (add lines 4, 5 and 6)..... | 7. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 8. Net taxable income from event (line 3 minus line 7)..... | 8. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 9. Tax Due on Net Income from event (line 8 times .0645)..... | 9. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 10. Total Business Privilege Tax Due (line 2 plus line 9)..... | 10. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |

Net Profits Tax from Trade Show Activity

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|---|-----|----------------------|---|----------------------|---|---|---|
| 11. Net taxable income from event (amount on line 8)..... | 11. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 12. Residents multiply line 11 by .0398. Non-residents multiply line 11 by .035392..... | 12. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 13. Business Privilege Tax Credit (enter 60% of line 9)..... | 13. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 14. Net Profits Tax Due (line 12 minus line 13)..... | 14. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |
| 15. Total Tax Due (line 10 plus line 14). Make check payable to "City of Philadelphia"..... | 15. | <input type="text"/> | , | <input type="text"/> | . | 0 | 0 |

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

Signature _____

Date _____

Mail completed return 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

www.phila.gov/revenue