

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
2014

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 **Commercial Activity 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 Commercial Activity License and file using the normal Business Income & Receipts 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 Income & Receipts Tax from Trade Show

1. Total Gross Receipts from trade show activity.....	1.	<input type="text"/>	,	<input type="text"/>	.	0	0
2. \$50,000 exclusion.....	2.	<input type="text"/>	,	<input type="text"/>	.	0	0
3. Net Gross Receipts (line 1 minus line 2).....	3.	<input type="text"/>	,	<input type="text"/>	.	0	0
4. Tax Due on Net Gross Receipts (line 3 times .001415).....	4.	<input type="text"/>	,	<input type="text"/>	.	0	0
5. Total Receipts from line 1.....	5.	<input type="text"/>	,	<input type="text"/>	.	0	0
6. Cost of goods sold.....	6.	<input type="text"/>	,	<input type="text"/>	.	0	0
7. Payroll - For Event Only.....	7.	<input type="text"/>	,	<input type="text"/>	.	0	0
8. Other Expenses - For Event Only.....	8.	<input type="text"/>	,	<input type="text"/>	.	0	0
9. Total Expenses (add lines 6, 7 and 8).....	9.	<input type="text"/>	,	<input type="text"/>	.	0	0
10. Net taxable income (line 5 minus line 9).....	10.	<input type="text"/>	,	<input type="text"/>	.	0	0
11. Percentage of taxable income. Divide line 3 by line 1 and enter the result here as a decimal.....	11.	.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
12. Taxable Income (line 10 times line 11).....	12.	<input type="text"/>	,	<input type="text"/>	.	0	0
13. Tax Due on Net Income (line 12 times .0645).....	13.	<input type="text"/>	,	<input type="text"/>	.	0	0
14. Total Business Income & Receipts Tax Due (line 4 plus line 13).....	14.	<input type="text"/>	,	<input type="text"/>	.	0	0

Net Profits Tax from Trade Show Activity

15. Net taxable income (amount on line 10).....	15.	<input type="text"/>	,	<input type="text"/>	.	0	0
16. <u>Residents</u> multiply line 15 by .03924. <u>Non-residents</u> multiply line 15 by .03495.....	16.	<input type="text"/>	,	<input type="text"/>	.	0	0
17. Business Income & Receipts Tax Credit (enter 60% of line 13).....	17.	<input type="text"/>	,	<input type="text"/>	.	0	0
18. Net Profits Tax Due (line 16 minus line 17).....	18.	<input type="text"/>	,	<input type="text"/>	.	0	0
19. Total Tax Due (line 14 plus line 18). Make check payable to "City of Philadelphia".....	19.	<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