

NP-5 2010

CFD

DECLARATION OF ESTIMATED TAX ON NET PROFITS

City of Pittsburgh and School District of Pittsburgh

Rev 09/09

FOR PROPER CREDIT
SOCIAL SECURITY NUMBER MUST BE ENTERED IN BOX BELOW

CITY ID	SOCIAL SECURITY
TAX PERIOD	QUARTER

Due on or before

Amended Return () Tax Return No Longer Needed ()

SIGNATURE _____

TITLE _____ DATE _____

PHONE _____

E-MAIL ADDRESS _____

PREPARER'S NAME _____

PREPARER'S PHONE _____

I hereby certify, swear and aver that all statements herein are true and correct to the best of my knowledge and belief, being duly apprised of my duty under the law to submit honest and complete information or be subject to the penalties provided by law.

**OMISSION OF THE ABOVE APPLICABLE INFORMATION
CONSTITUTES AN INCOMPLETE RETURN**

Make name/address corrections above

USE BLACK INK ONLY ON THIS FORM

IF YOU HAVE NO NET PROFIT THIS QUARTER – YOU DO NOT HAVE TO FILE THIS RETURN!

TAXPAYER IS A CODE	CODE 1 = 3% Resident of City of Pittsburgh	CODE 2 = 2% Resident of Mt. Oliver	CODE 3 = 1% Non-Resident of PA or U.S.
1. ESTIMATED TAX DUE ON NET PROFITS FOR THE CURRENT QUARTER			
2. TAX PAID THIS QUARTER Net Profit earnings multiplied by appropriate rate			
3. PENALTY and INTEREST = 1.0% PER MONTH Penalty – City 0.5% (.005) and School 0.5% (.005) Interest - City 0.5% (.005) and School 0.5% (.005)			
4. TOTAL REMITTANCE WITH THIS RETURN Add line 2 and line 3 Make check payable to: TREASURER – CITY OF PITTSBURGH – DO NOT SEND CASH Mail to: CITY OF PITTSBURGH NET PROFIT – PO BOX 642589 – PITTSBURGH PA 15264-2589 A \$30.00 fee will be assessed for any check returned from the bank for any reason.			

Has business been sold or discontinued?

If **YES**, a **BUSINESS DISCONTINUATION FORM** must be completed and returned for processing.
Please call **412-255-2510** to request the form. For assistance with this form call **412-255-2508**.

Form(s) can be downloaded at www.city.pittsburgh.pa.us/finance

**INFORMATION & INSTRUCTIONS
ON REVERSE SIDE**

