



BUSINESS PROFITS TAX QUARTERLY INSTALLMENTS FORM

(PLEASE TYPE OR PRINT CLEARLY)

TIN:	Tax Year: From:	To:
Taxpayer Name:		
Mailing Address:		
Official E-mail: <i>(This email is the address registered for official communication with BRT)</i>		
Quarter:	Dates Covered: From:	To:

BPT Liability for previous tax year:	1	\$
Gross Revenue for filing period:	2	\$
Standard Installment Amount <i>(Box 1 × 25% or if Box 1 is zero, Box 2 × 2%):</i>	3	\$
Did you request a variation of your BPT quarterly installment (Tax 502B)? If yes, indicate your response, attach approved 502B form and provide approved installment amount in Box 4.	4	<input type="checkbox"/> Yes <input type="checkbox"/> No (Skip to Box 6)
Varied Installment Amount Requested and Approved:	5	\$
Installment Amount Payable <i>(Box 3 or if applicable, Box 5 amount):</i>	6	\$

Note: Penalties and interest may be payable if return is filed or paid after the due date.

DECLARATION:

I hereby declare that all the information provided in this return including any submitted attachments are true and correct.

PRINT NAME	SIGNATURE	DATE
STATUS (CHECK APPROPRIATE BOX): <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partner <input type="checkbox"/> Director <input type="checkbox"/> Duly Authorized Person		

FOR OFFICIAL USE ONLY

Date Filed	Received & Verified By	Transmittal #

Pursuant to 40 PNC Chapter 14

Tax 502A – Instructions:

This tax form, named as Tax Form Five O Two A and written as Tax-502A is the Bureau of Revenue and Taxation (BRT) Business Profits Tax Quarterly Installment Form. It will be used by taxpayers, subject to Business Profits Tax (BPT), for filing and paying their quarterly BPT Installments.

- 1. TIN: Indicate the six-digit Tax Identification Number provided by BRT to the Taxpayer.*
- 2. TAXPAYER NAME: Indicate the exact name and mailing address of the Taxpayer as provided to BRT during registration.*
- 3. MAILING ADDRESS: Indicate the exact mailing address of the Taxpayer as provided to BRT during registration.*
- 4. OFFICIAL EMAIL: Indicate the official email address of the organization that was recorded with BRT during registration. This is the email used for official communications with BRT.*
- 5. QUARTER: Indicate the quarter (1st, 2nd, 3rd, or 4th) this form will cover.*
- 6. DATES COVERED: Indicate the beginning and end dates for the quarterly period this form will cover. Indicate month, day and year.*
- 7. BPT LIABILITY FOR PREVIOUS TAX YEAR: Indicate the Business Profits Tax Payable Amount for the previous tax year that the taxpayer filed and paid their annual Business Profits Tax Return (Tax – 502). If Taxpayer did not file a Business Profits Tax Return for the previous tax year, indicate “zero” in the line item.*
- 8. GROSS REVENUE FOR FILING PERIOD: Indicate in cash value the Gross Revenue derived for the filing period including all form of cash and property. By default, report Gross Revenue on accrual basis of accounting. If you were approved to account for BPT on cash basis of accounting, then report the total sum of Gross Revenue received in the respective period.*
- 9. STANDARD INSTALLMENT AMOUNT: Indicate twenty five percent (25%) of your BPT LIABILITY FOR PREVIOUS TAX YEAR indicated in Box 1. If Box 1 was entered as “zero” indicate two percent (2%) of the GROSS REVENUE FOR FILING PERIOD indicated in BOX 2. This is the default installment payment amount unless a request to vary the amount was approved.*
- 10. BPT INSTALLMENT REQUESTED: Indicate by selecting “YES” or “NO” as to whether the taxpayer requested to vary their installment payment amount and pay an amount less than the STANDARD INSTALLMENT AMOUNT in Box 3. Attach the approved 502B Form.*
- 11. VARIED AMOUNT REQUESTED AND APPROVED: Indicate if applicable, the approved varied installment amount you requested using form Tax-502B.*
- 12. INSTALLMENT AMOUNT Payable: Indicate the installment amount you will be subject to, which is either the amount indicated in BOX 3 or if applicable, BOX 5.*
- 13. DECLARATION section: After reading the declaration, print name, sign and date for person filing this tax form. Check mark appropriate status for person filing. If ‘Duly Authorized Person’ is checked, then must attach a copy of the authorization given.*