

CITY OF PHILADELPHIA
1999 NET PROFITS TAX
EXTENSION COUPON

Print name: _____
Address: _____

Phone #: _____

Account #: _____

Due Date: 4/17/00

Social Security #: _____

1. TAX DUE (From Worksheet, Page 5, Line 3)

_____.00

Check One:
60 Day Automatic Extension

IRS Extension

DEPARTMENT OF REVENUE
CITY OF PHILADELPHIA
P.O. BOX 1393
PHILADELPHIA, PA 19105-9731

Make checks payable to:
CITY OF PHILADELPHIA

Only use this coupon when
making a payment.



Philadelphia Department of Revenue
CHANGE FORM

- Use this form to report:
- Change of name and/or mailing address
 - Termination of business activity
 - Change in business entity (e.g., from an individual to a corporation)

Current Information

Name: _____
Address: _____

Phone #: _____
Federal EIN or
Social Security #: _____
Phila. Tax Account #: _____

Entity Type: ___ Individual
 ___ Partnership
 ___ Corporation
Other: _____

Termination Information

Termination Date: _____
Tax types to be terminated:
Business Privilege _____
Net Profits _____
Wage _____
Other (please specify): _____

New Information (complete the
appropriate items—please print)

Name: _____
Address: _____

Fax #: _____
E-mail Address: _____

Entity Type: ___ Individual
 ___ Partnership
 ___ Corporation
Other: _____
New EIN: _____
Effective Date: _____

If business was sold, indicate new
owner name and address:

Name: _____
Address _____

For a change in entity, you need to apply for a new Philadelphia tax account number and obtain a new business privilege license. The necessary forms can be downloaded from our web site: www.phila.gov/departments/Revenue or call 215-686-6600.

Contact Person (print): _____ Phone #: _____

Mail this form to: Philadelphia Department of Revenue
P.O. Box 1620
Philadelphia, PA 19105-1620

Fax to: 215-686-6635 Send e-mail to: revenue@phila.gov