

**CITY OF PHILADELPHIA
FISCAL YEAR NET PROFITS TAX**

DO NOT STAPLE THIS RETURN

FYNPT

DUE WITHIN 105 DAYS OF THE
CLOSE OF THE FISCAL YEAR
DUE DATE: _____

For Fiscal Year Ending:

m	m	d	d	y	y	y	y

CITY ACCOUNT NUMBER

--	--	--	--	--	--	--	--

Always enter your account number

FEDERAL IDENTIFICATION NUMBER

		-							
--	--	---	--	--	--	--	--	--	--

SOCIAL SECURITY NUMBER

						-							
--	--	--	--	--	--	---	--	--	--	--	--	--	--

TAXPAYER NAME & ADDRESS	PLACE LABEL HERE

- **CORPORATIONS ARE NOT SUBJECT TO THIS TAX.**
- Use the Change Form to indicate a termination of business or a change in business entity.

Darken circle to indicate a net loss.

1. Resident Taxable Income (Loss) - (from Page 2, Worksheet A, Line 6C).....1.	<input type="radio"/>		,		,		.	0	0
2. Resident Tax Due (from Page 2, Worksheet A, Line 8C).....2.	<input type="radio"/>		,		,		.	0	0
3. Non-Resident Taxable Income (Loss) - (from Page 2, Worksheet B, Line 6).....3.	<input type="radio"/>		,		,		.	0	0
4. Non-Resident Tax Due (from Page 2, Worksheet B, Line 10C).....4.	<input type="radio"/>		,		,		.	0	0
5. Total Tax Due (Line 2 plus Line 4).....5.	<input type="radio"/>		,		,		.	0	0
6a. 60% Business Privilege Tax credit (from Page 4, Worksheet K, Line 6).....6a.	<input type="radio"/>		,		,		.	0	0
6b. Estimated payments and other credits from Page 3, Worksheet E, Line 4.....6b.	<input type="radio"/>		,		,		.	0	0
6c. Total payments and credits (Line 6a plus Line 6b).....6c.	<input type="radio"/>		,		,		.	0	0
7. Amount of Tax Due (Line 5 less Line 6c); if Line 6c is greater than Line 5 enter difference on Line 10.....7.	<input type="radio"/>		,		,		.	0	0
8. Interest and Penalty.....8.	<input type="radio"/>		,		,		.	0	0
9. TOTAL DUE including Interest and Penalty (Line 7 plus Line 8). Make check payable to: "City of Philadelphia"9.	<input type="radio"/>		,		,		.	0	0
10. Tax Overpaid. If Line 6c is greater than Line 5, enter difference here and on Estimated Tax Coupon (ENP-1) Line 2.....10.	<input type="radio"/>		,		,		.	0	0
11. Fiscal Year Net Profits Estimates Due - enter 50% of Page 3, Worksheet C, Line 3.....11.	<input type="radio"/>		,		,		.	0	0
12. If Line 10 is greater than Line 11, enter:									
A. Amount to be paid to the taxpayer.....12A.	<input type="radio"/>		,		,		.	0	0
B. Amount of overpayment to be applied up to the tax due to the _____ Business Privilege Tax. (Enter year).....12B.	<input type="radio"/>		,		,		.	0	0
C. Amount of overpayment to be applied to the Fiscal Net Profits Tax Ending _____ (Enter date).....12C.	<input type="radio"/>		,		,		.	0	0

Under penalties of perjury, as set forth in 18 Pa. C.S. §§ 4902-4903 as amended, I swear that I have reviewed this return and accompanying statements and schedules, and to the best of my knowledge and belief, they are true and complete.

Taxpayer Signature _____ Date _____ Phone # _____

Preparer Signature _____ Date _____ Phone # _____

DO NOT STAPLE THIS RETURN

THIS FORM MUST BE FILED AND THE
AMOUNT DUE PAID IN FULL WITHIN 105 DAYS AFTER THE CLOSE OF YOUR FISCAL YEAR
MAIL TO: Department of Revenue * P.O. Box 1529 * Philadelphia, PA 19105