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

TAXPAYER NAME & ADDRESS PLACE LABEL HERE

CITY ACCOUNT NUMBER

Always enter your account number

FEDERAL IDENTIFICATION NUMBER

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

SOCIAL SECURITY NUMBER

- -

Darken circle to indicate a net loss.

1. Resident Taxable Income (Loss) - (from Page 2, Worksheet A, Line 6C).....1. ○ , , . 0 0
2. Resident Tax Due (from Page 2, Worksheet A, Line 8C).....2. , , . 0 0
3. Non-Resident Taxable Income (Loss) - (from Page 2, Worksheet B, Line 6).....3. ○ , , . 0 0
4. Non-Resident Tax Due (from Page 2, Worksheet B, Line 10C).....4. , , . 0 0
5. Total Tax Due (Line 2 plus Line 4).....5. , , . 0 0

6a. 60% Business Privilege Tax credit (from Page 4, Worksheet K, Line 6).....6a. , , . 0 0

6b. Estimated payments and other credits from Page 3, Worksheet E, Line 4.....6b. , , . 0 0

6c. Total payments and credits (Line 6a plus Line 6b).....6c. , , . 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. , , . 0 0
8. Interest and Penalty.....8. , , . 0 0
9. **TOTAL DUE** including Interest and Penalty (Line 7 plus Line 8). **Make check payable to: "City of Philadelphia"**.....9. , , . 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. , , . 0 0
11. Fiscal Year Net Profits Estimates Due - enter 50% of Page 3, Worksheet C, Line 3.....11. , , . 0 0
12. If Line 10 is greater than Line 11, enter:
    A. Amount to be paid to the taxpayer.....12A. , , . 0 0
    B. Amount of overpayment to be applied up to the tax due to the _____ Business Privilege Tax. (Enter year).....12B. , , . 0 0
    C. Amount of overpayment to be applied to the Fiscal Net Profits Tax Ending_____ (Enter date).....12C. , , . 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