



CITY OF PHILADELPHIA 2017 NET PROFITS TAX



2017 NPT
DUE DATE: APRIL 17, 2018



CORPORATIONS ARE NOT SUBJECT TO THIS TAX
PROOF OF PRO RATA SHARE MUST BE ATTACHED (if applicable)

Taxpayer Name and Address

City Account Number

EIN

SSN

Taxpayer E-mail Address

If this is a change of address, check this box: ☐
and file a Change Form.

Percentage from Page 3, Worksheet D, Line 3, if applicable. %

If this is an amended return place an "X" here: ☐

If your business terminated in 2017, enter the termination date AND file a CHANGE FORM.



mm-dd-yyyy

IF YOU ARE NOT ELIGIBLE FOR PA 40 SCHEDULE SP, YOU ARE NOT ELIGIBLE FOR INCOME-BASED TAXATION AND ARE NOT ELIGIBLE FOR LINES 3-4 OR LINES 8-9.

Place "X" in box to indicate a loss.

1. Pro Rata Resident taxable income/loss NOT eligible for Income Based Rate from Page 2, Worksheet A, Line 5.....	1.	<input type="checkbox"/>	<input type="text"/>	.00
2. Line 1 X .038907. If Line 1 is a loss, enter "0"	2.	<input type="checkbox"/>	<input type="text"/>	.00
3. Pro Rata Resident taxable income/loss eligible for Income Based Rate from Page 2, Worksheet A, Line 6.....	3.	<input type="checkbox"/>	<input type="text"/>	.00
4. Line 3 X .033907 If Line 3 is a loss, enter "0"	4.	<input type="checkbox"/>	<input type="text"/>	.00
5. Total Resident Tax Due (Line 2 plus Line 4).....	5.	<input type="checkbox"/>	<input type="text"/>	.00
6. Pro Rata Non-Resident taxable income/loss NOT eligible for Income Based Rate from Page 2, Worksheet B, Line 7.....	6.	<input type="checkbox"/>	<input type="text"/>	.00
7. Line 6 X .034654 If Line 6 is a loss, enter "0"	7.	<input type="checkbox"/>	<input type="text"/>	.00
8. Pro Rata Non-Resident taxable income/loss eligible for Income Based Rate from Page 2, Worksheet B, Line 8.....	8.	<input type="checkbox"/>	<input type="text"/>	.00
9. Line 8 X .029654. If Line 8 is a loss, enter "0"	9.	<input type="checkbox"/>	<input type="text"/>	.00
10. Total Non-Resident Tax Due (Line 7 plus Line 9).....	10.	<input type="checkbox"/>	<input type="text"/>	.00
11. Total Tax Due (Line 5 plus Line 10).....	11.	<input type="checkbox"/>	<input type="text"/>	.00
12a. 60% BIRT credit from Page 3, Worksheet K, Line 4 or Worksheet D, Line 8.....	12a.	<input type="checkbox"/>	<input type="text"/>	.00
12b. Estimated payments and other credits from Page 3, Worksheet E, Line 4.....	12b.	<input type="checkbox"/>	<input type="text"/>	.00
12c. Total payments and credits. (Line 12a plus Line 12b).....	12c.	<input type="checkbox"/>	<input type="text"/>	.00
13. Net Tax Due: (Line 11 less Line 12c. If less than 0 enter the difference on Line 16).....	13.	<input type="checkbox"/>	<input type="text"/>	.00
14. Interest and Penalty. Refer to web site for current percentage.....	14.	<input type="checkbox"/>	<input type="text"/>	.00
15. TOTAL DUE including Interest and Penalty (Line 13 plus Line 14). Use payment coupon. Make check payable to: "City of Philadelphia"	15.	<input type="checkbox"/>	<input type="text"/>	.00
16. Tax Overpaid. If Line 12c is greater than Line 11, enter difference here.....	16.	<input type="checkbox"/>	<input type="text"/>	.00
17. Enter 50% of Page 2, Worksheet C, Line 3. Do not use this line to remit estimated payments.	17.	<input type="checkbox"/>	<input type="text"/>	.00
18. Balance Available. Line 16 minus Line 17. If greater than 0 proceed to Overpayment Options....	18.	<input type="checkbox"/>	<input type="text"/>	.00
OVERPAYMENT OPTIONS Only available if Line 18 is greater than 0. Enter the amount to be:				
19a. Refunded. Do not file a separate Refund Petition.	19a.	<input type="checkbox"/>	<input type="text"/>	.00
19b. Applied, up to the tax due, to the 2017 Business Income & Receipts Tax Return.....	19b.	<input type="checkbox"/>	<input type="text"/>	.00
19c. Applied to the 2018 Net Profits Tax.....	19c.	<input type="checkbox"/>	<input type="text"/>	.00

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 # _____

