

CITY OF PHILADELPHIA
**ANNUAL RECONCILIATION OF 2008
 EMPLOYEE EARNINGS TAX**
 DUE DATE APRIL 15, 2009



SOCIAL SECURITY NUMBER

□□□□ - □□ - □□□□

Print Taxpayer Name and Address

Do not file this return if Philadelphia wage tax was withheld on all compensation (Line 12 = Line 13). File a Change Form to cancel this account.

If wage tax was overwithheld by your employer, do not file this return. File the Employee Wage Tax Refund Petition.

The Change Form and Employee Refund Petition can be downloaded from www.phila.gov/revenue.

YOU MUST USE THE CHANGE FORM TO REPORT A CHANGE OF ADDRESS OR TO CANCEL THIS ACCOUNT.

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

| | | | | | | | |
|--|------|---|---|------|---|------|-----|
| 1. Gross Compensation received in 2008. Enclose 2008 W-2 form(s)..... | 1. | □ | , | □□□□ | , | □□□□ | .00 |
| 2. Non-taxable gross compensation from Page 2, Line 5..... | 2. | □ | , | □□□□ | , | □□□□ | .00 |
| 3. Gross <u>taxable</u> compensation (Line 1 minus Line 2)..... | 3. | □ | , | □□□□ | , | □□□□ | .00 |
| 4. Taxable Gross Compensation received by a <u>resident</u> of Philadelphia January 1, 2008 to June 30, 2008 from Page 2, Line 6, Column A..... | 4. | □ | , | □□□□ | , | □□□□ | .00 |
| 5. Tax Due (Line 4 times .04219)..... | 5. | □ | , | □□□□ | , | □□□□ | .00 |
| 6. Taxable Gross Compensation received by a <u>resident</u> of Philadelphia July 1, 2008 to December 31, 2008 from Page 2, Line 6, Column B..... | 6. | □ | , | □□□□ | , | □□□□ | .00 |
| 7. Tax Due (Line 6 times .0398)..... | 7. | □ | , | □□□□ | , | □□□□ | .00 |
| 8. Taxable Gross Compensation received by a <u>nonresident</u> of Philadelphia January 1, 2008 to June 30, 2008 from Page 2, Line 6, Column A..... | 8. | □ | , | □□□□ | , | □□□□ | .00 |
| 9. Tax Due (Line 8 times .037242)..... | 9. | □ | , | □□□□ | , | □□□□ | .00 |
| 10. Taxable Gross Compensation received by a <u>nonresident</u> of Philadelphia July 1, 2008 to December 31, 2008 from Page 2, Line 6, Column B..... | 10. | □ | , | □□□□ | , | □□□□ | .00 |
| 11. Tax Due (Line 10 times .035392)..... | 11. | □ | , | □□□□ | , | □□□□ | .00 |
| 12. Total Tax Due (Add Lines 5, 7, 9 and 11)..... | 12. | □ | , | □□□□ | , | □□□□ | .00 |
| 13. Any Philadelphia wage tax <u>withheld by employer</u> per enclosed W-2 forms..... If Line 12 is equal to Line 13, <u>STOP HERE!</u> Do not file this return. | 13. | □ | , | □□□□ | , | □□□□ | .00 |
| 14. Net Tax Due (Line 12 minus Line 13)..... | 14. | □ | , | □□□□ | , | □□□□ | .00 |
| 15. Tax that you, <u>not your employer</u> , previously paid for 2008. (Not included on W-2 forms)..... | 15. | □ | , | □□□□ | , | □□□□ | .00 |
| 16. <u>ADDITIONAL TAX DUE</u> If Line 14 is greater than Line 15, enter here and in the Tax Due box of the Payment Coupon..... | 16. | □ | , | □□□□ | , | □□□□ | .00 |
| <u>OVERPAYMENT OPTIONS</u> If Line 14 is less than Line 15, enter the amount to be: | | | | | | | |
| 17A. <u>REFUNDED</u> . Do not file a separate Refund Petition..... | 17A. | □ | , | □□□□ | , | □□□□ | .00 |
| OR | | | | | | | |
| 17B. <u>APPLIED</u> , up to the tax due, to the 2009 Earnings Tax Return..... | 17B. | □ | , | □□□□ | , | □□□□ | .00 |

If claiming a refund on line 17A, W-2 forms must accompany this return. Do not file a separate Refund Petition.

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 # _____

**NON-RESIDENT EMPLOYEE EARNINGS ALLOCATION
AND/OR DEDUCTIBLE EMPLOYEE BUSINESS EXPENSES REPORT**

Residents and non-residents of Philadelphia must complete this report to calculate deductible employee business expenses. Certain non-residents must complete this report to calculate non-taxable compensation. If wage tax was withheld by your employer, do not file this return. File the Employee Wage Tax Refund Petition.

| | | |
|--|--|--|
| EMPLOYER | EMPLOYEE SOCIAL SECURITY NUMBER | |
| PLACE OF EMPLOYMENT | IF PARTIAL YEAR, PROVIDE DATES: From _____ To _____ | |
| | EMPLOYER IDENTIFICATION NUMBER (From Form W-2) | |
| Read Instruction Sheets A and B before completing this report. | Column A 1/1/2008 to 6/30/2008 | Column B 7/1/2008 to 12/31/2008 |
| 1. GROSS COMPENSATION FOR EMPLOYEES PAID ON A SALARY BASIS per FORM W-2 | .00 | .00 |
| A. Non-Taxable Stock Options included in Line 1. (Must reflect on W-2) | .00 | .00 |
| B. Adjusted Gross Compensation (Subtract Line 1A from Line 1) | .00 | .00 |
| 2. Computation of taxable compensation and/or allowable expenses | | |
| A. Number of Days/Hours (Include overtime from Line 2C) | Days/Hours | Days/Hours |
| B. Non-workdays/Hours (Total of weekend, vacation, holiday, sick or any type of leave time) | Days/Hours | Days/Hours |
| C. Number of actual Workdays/Hours (Base _____ Overtime _____) (Line 2A minus Line 2B) If computing overtime, see instructions on Instruction Sheet B. | Days/Hours | Days/Hours |
| D. Number of actual Days/Hours worked outside of Philadelphia in Line 2C | Days/Hours | Days/Hours |
| E. Percentage of time worked outside of Philadelphia (Line 2D divided by Line 2C) | % | % |
| F. Non-taxable gross compensation earned outside of Philadelphia (Line 1B times Line 2E) | .00 | .00 |
| G. (i) Total non-reimbursed business expenses from Form 2106 and/or Schedule A, Miscellaneous Deductions, Line 20 | .00 | .00 |
| (ii) Multiply amount on Line 2G (i) by the percentage on Line 2E | .00 | .00 |
| (iii) Deductible non-reimbursed employee business expenses. (Subtract Line 2G (ii) from Line 2G (i)) | .00 | .00 |
| H. Non-taxable income and/or deductible employee business expenses (Add Line 2F and Line 2G (iii)) | .00 | .00 |
| 3. GROSS COMPENSATION FOR EMPLOYEES PAID ON A COMMISSION BASIS per FORM W-2 | .00 | .00 |
| A. Non-Taxable Stock Options included in Line 3. (Must reflect on W-2) | .00 | .00 |
| B. Adjusted Gross Compensation (Subtract Line 3A from Line 3) | .00 | .00 |
| 4. Computation of taxable compensation and/or allowable expenses | | |
| A. Total Sales | .00 | .00 |
| B. Sales earned outside of Philadelphia (Income Regulations 209(b)) | .00 | .00 |
| C. Percentage of sales outside of Philadelphia. (Divide Line 4B by Line 4A.) | % | % |
| D. Commissions earned outside of Philadelphia. (Multiply Line 3B by 4C.) | .00 | .00 |
| E. (i) Total non-reimbursed business expenses from Form 2106 and/or Schedule A, Miscellaneous Deductions, Line 20 | .00 | .00 |
| (ii) Multiply amount on Line 4E (i) by the percentage on Line 4C | .00 | .00 |
| (iii) Deductible non-reimbursed employee business expenses. (Subtract Line 4E (ii) from Line 4E (i)) | .00 | .00 |
| F. Non-taxable gross commissions/deductible employee business expenses. (Add Line 4D and Line 4E (iii)) | .00 | .00 |
| 5. TOTAL NON-TAXABLE GROSS COMPENSATION (Add Lines 2H and Line 4F from Columns A and B.) Enter here and on Line 2 of the return. | .00 | |
| 6. TAXABLE GROSS COMPENSATION (Line 1B minus Line 2H PLUS Line 3B minus Line 4F) Residents enter Column A on Page 1, Line 4; Non-residents enter Column A on Page 1, Line 8. Residents enter Column B on Page 1, Line 6; Non-residents enter Column B on Page 1, Line 10. | .00 | .00 |