

**City of Philadelphia
2001 Annual Reconciliation
of Employee Earnings Tax**

MAKE NO MARKS IN THIS AREA
6 0 0 1
DO NOT STAPLE THIS RETURN

Due Date: April 15, 2002

SOCIAL SECURITY NUMBER

- -

Name

Address

Do not file this return if Philadelphia wage tax was withheld on all compensation. If wage tax was overwithheld by your employer, do not file this return. File the employee wage tax refund petition. (See Instructions.)

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

- | | | | | | | | | |
|---|-----|----------------------|---|----------------------|---|----------------------|---|----|
| 1. Gross Compensation received 1/1/2001 to 12/31/2001
Enclose W-2 form(s)..... | 1. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 2. Non-taxable compensation from Page 2, Line 3..... | 2. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 3. Net taxable compensation (Line 1 minus Line 2)..... | 3. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 4. Taxable Compensation received by a resident of Philadelphia
(1/1/2001 to 6/30/2001) | 4. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 5. Tax Due (Line 4 X .045635)..... | 5. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 6. Taxable Compensation received by a resident of Philadelphia
(7/1/2001 to 12/31/2001) | 6. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 7. Tax Due (Line 6 X .045385)..... | 7. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 8. Taxable Compensation received by a non-resident of Philadelphia
(1/1/2001 to 6/30/2001) | 8. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 9. Tax Due (Line 8 X .039672)..... | 9. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 10. Taxable Compensation received by a non-resident of Philadelphia
(7/1/2001 to 12/31/2001) | 10. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 11. Tax Due (Line 10 X .039462)..... | 11. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 12. Total Tax Due (Add lines 5, 7, 9 and 11)..... | 12. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 13. Tax withheld by <u>employer</u> per enclosed W-2 forms..... | 13. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 14. Net Tax Due (Line 12 less Line 13)..... | 14. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 15. Tax that you, <u>not your employer</u> , previously paid for 2001
(Not included on W-2 forms)..... | 15. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 16. ADDITIONAL TAX DUE If Line 14 is greater than Line 15,
enter the difference here..... | 16. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |
| 17. If Line 14 is less than Line 15, enter the OVERPAYMENT to be:
applied to the 2002 Earnings Tax <input type="checkbox"/> OR Refunded <input type="checkbox"/> | 17. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | 00 |

Claims for refund must be accompanied by W-2 forms.

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 # _____

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