

**City of Philadelphia
School Income Tax
2001**

MAKE NO MARKS IN THIS AREA

4 3 0 1

DUE DATE: APRIL 15, 2002

Your Social Security Number

- -

Spouse's Social Security Number

- -

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

Your Name _____
Spouse's Name _____
Address _____

If you were a partial year resident, enter date
from _____ to _____, and place an "X" here:
(See page 4 of the instruction booklet.)

The instructions for lines 1 through 15 are on pages 2 and 3 of the instruction booklet.

1. Net Taxable Dividends.....	1.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
2. Taxable Interest.....	2.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
3. "S" Corporation Distributions.....	3.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
4. Limited Partnership Income (if loss, enter "0").....	4.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
5. Taxable Income received as a Beneficiary from an Estate or Trust.....	5.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
6. Net Short Term Capital Gains (Held 6 months or less) (if loss, enter "0").....	6.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
7. Net Rental Income (if loss, enter "0").....	7.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
8. Other Taxable Income.....	8.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
9. Total Taxable Income (add lines 1 through 8).....	9.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
10. Deductible Expenses	10.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
11. Total Taxable Income (line 9 less line 10).....	11.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
12. Gross Tax Due (4.5385% of line 11).....	12.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
13. Credits or Tax previously paid with an extension coupon.....	13.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
14. TAX DUE If line 12 is greater than line 13, enter the difference here.....	14.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0	0
15. OVERPAYMENT If line 13 is greater than line 12, enter the balance to be: Applied to the 2002 School Income Tax <input type="checkbox"/> OR Refunded <input type="checkbox"/>	15.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	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 # _____
Spouse's Signature _____ Date _____ Phone # _____
Preparer Signature _____ Date _____ Phone # _____