City of Philadelphia Annual Reconciliation of Employer Wage Tax 2001

MAKE NO MARKS IN THIS AREA

5001

Due date: February 28, 2002

CITY ACCOUNT NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

-

SOCIAL SECURITY NUMBER

- -

Name

Address

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

A. Enter the number of **Philadelphia Residents** for whom wage tax was remitted for the pay period including March 12, 2001 ..... A.

B. Enter the number of **non-residents** (employees living outside Philadelphia city limits) for whom wage tax was remitted for pay period including March 12, 2001 ..... B.

C. Total number of employees **for all company locations** reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2001 (for the pay period including March 12, 2001) ..... C.

D. Number of employees working **at company locations within Philadelphia city limits,** for the pay period including March 12, 2001 ..... D.

1. Gross Compensation per W-2 forms for all employees ..... 1. , , . 00
2. Non-Taxable Compensation included in Line 1. (Paid to non-residents working outside of Philadelphia) ..... 2. , , . 00
3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 less Line 2) ..... 3. , , . 00
4. **Total Taxable Compensation paid to residents of Philadelphia (1/1/2001 to 6/30/2001)** ..... 4. , , . 00
5. Tax Due (Line 4 X .045635) ..... 5. , , . 00
6. **Total Taxable Compensation paid to residents of Philadelphia (7/1/2001 to 12/31/2001)** ..... 6. , , . 00
7. Tax Due (Line 6 X .045385) ..... 7. , , . 00
8. **Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2001 to 6/30/2001)** ..... 8. , , . 00
9. Tax Due (Line 8 X .039672) ..... 9. , , . 00
10. **Total Taxable Compensation paid to nonresidents of Philadelphia (7/1/2001 to 12/31/2001)** ..... 10. , , . 00
11. Tax Due (Line 10 X .039462) ..... 11. , , . 00
12. **Total Tax Due (Add lines 5, 7, 9 and 11)** ..... 12. , , . 00
13. Tax previously paid for 2001 ..... 13. , , . 00
14. **ADDITIONAL TAX DUE** If Line 12 is greater than Line 13, enter the amount here ..... 14. , , . 00
15. If Line 12 is less than Line 13, enter the amount of **TAX OVERPAID**. (See Instructions) ..... 15. , , . 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 #_____