

**City of Philadelphia  
Year 2002  
Real Estate Tax  
Installment Plan Application**

MAKE NO MARKS IN THIS AREA  
**7 1 0 2**

**Filing Deadline: February 28, 2002**

**New Applicants Only**

**2001 Program Participants Do Not Need to File this Application**

Primary Address

Real Estate Tax Account Number  
 -  -

Print Applicant's Name  
 Last:  First:

Applicant's Social Security Number  
 -  -

Applicant's Birth Date  
 -  -

Print Spouse's Name  
 Last:  First:

Spouse's Social Security Number  
 -  -

Spouse's Birth Date  
 -  -

**Payment Plan**

Low Income   
 (Choose up to 8 payments)

Low Income Senior Citizen   
 (Choose up to 20 payments)

Total Members of Household   
 (To determine eligibility, compare total income to members of household per chart on reverse.)

**Household Income**

1. Total 2000 Gross Social Security And Supplemental Security Income (Medicare premiums must be included).....1.	<input type="text"/>	,	<input type="text"/>	.	<b>0 0</b>
2. Total 2000 Gross Pensions, Annuities, Veterans' & Railroad Retirement Retirement Benefits and taxable portion of Individual Retirement Accounts (IRAs).....2.	<input type="text"/>	,	<input type="text"/>	.	<b>0 0</b>
3. Total 2000 Salary, Wages, Bonuses, Commissions, Income from Self-Employment and Partnership Income (Do not subtract losses).....3.	<input type="text"/>	,	<input type="text"/>	.	<b>0 0</b>
4. Total 2000 Interest, Dividends, Capital Gains, Prizes (Do not subtract losses).....4.	<input type="text"/>	,	<input type="text"/>	.	<b>0 0</b>
5. Total 2000 Net Rental Income and Net Business Income (Do not include rent you pay; do not subtract rental or business losses from your total income).....5.	<input type="text"/>	,	<input type="text"/>	.	<b>0 0</b>
6. Total 2000 Other Income (Cash Public Assistance, Unemployment and Workers' Compensation, Alimony, Support Money, Gifts totaling more than \$500, Life Insurance Death Benefit Payments exceeding \$10,000 per person).....6.	<input type="text"/>	,	<input type="text"/>	.	<b>0 0</b>
7. TOTAL (Add Lines 1 through 6) ANNUAL FIGURE.....7.	<input type="text"/>	,	<input type="text"/>	.	<b>0 0</b>

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 # \_\_\_\_\_

**MAIL TO: PHILADELPHIA DEPARTMENT OF REVENUE  
P.O. BOX 53190  
PHILADELPHIA, PA 19105**

**QUESTIONS: (215) 686-6442 E-mail: revenue@phila.gov**