

**City of Philadelphia
Annual Reconciliation of
Employer Wage Tax 2002**

MAKE NO MARKS IN THIS AREA

5 0 0 2

Due date: February 28, 2003

To file online, click on "Online Services" at www.phila.gov/revenue.

CITY ACCOUNT NUMBER

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FEDERAL EMPLOYER IDENTIFICATION NUMBER

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SOCIAL SECURITY NUMBER

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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, 2002.....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, 2002.....B.
- C. Total number of employees **for all company locations** reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2002 (for the pay period including March 12, 2002).....C.
- D. Number of employees working **at company locations within Philadelphia city limits**, for the pay period including March 12, 2002.....D.

1. Gross Compensation per W-2 forms for all employees.....1.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
2. Non-Taxable Compensation included in Line 1. (Paid to non-residents working outside of Philadelphia).....2.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 less Line 2).....3.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
4. Total Taxable Compensation paid to residents of Philadelphia (1/1/2002 to 6/30/2002)4.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
5. Tax Due (Line 4 X .045385).....5.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
6. Total Taxable Compensation paid to residents of Philadelphia (7/1/2002 to 12/31/2002)6.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
7. Tax Due (Line 6 X .045).....7.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
8. Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2002 to 6/30/2002)8.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
9. Tax Due (Line 8 X .039462).....9.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
10. Total Taxable Compensation paid to nonresidents of Philadelphia (7/1/2002 to 12/31/2002)10.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
11. Tax Due (Line 10 X .039127).....11.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
12. Total Tax Due (Add lines 5, 7, 9 and 11)12.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
13. Tax previously paid for 2002.....13.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
14. ADDITIONAL TAX DUE If Line 12 is greater than Line 13, enter the amount here14.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	0 0
15. If Line 12 is less than Line 13, enter the amount of TAX OVERPAID. (See Instructions).....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 # _____

Preparer Signature _____ Date _____ Phone # _____