

WAGE TAX REFUND PETITION		CITY OF PHILADELPHIA ● DEPARTMENT OF REVENUE REFUND UNIT 1401 JOHN F. KENNEDY BOULEVARD - ROOM 580 PHILADELPHIA, PA 19102		YEAR 2002
EMPLOYEE'S NAME (PLEASE PRINT)			SOCIAL SECURITY NUMBER	
HOME ADDRESS			DAYTIME TELEPHONE NUMBER	
CITY	STATE	ZIP CODE	IF PARTIAL YEAR: From _____ To _____	
EMPLOYER			EMPLOYER IDENTIFICATION NUMBER (EIN)	
PLACE OF EMPLOYMENT		A. 1/1/2002 to 6/30/2002 Resident Rate: 4.5385% (.045385) Non-Resident Rate: 3.9462% (.039462)	B. 7/1/2002 to 12/31/2002 Resident Rate: 4.5% (.045) Non-Resident Rate: 3.9127% (.039127)	
SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM				
1. GROSS COMPENSATION		.00	.00	
2. COMPUTATION OF TAXABLE COMPENSATION AND/OR ALLOWABLE EXPENSES FOR EMPLOYEES PAID ON A STRAIGHT SALARY BASIS				
A. NUMBER OF DAYS/HOURS		181 Days	184 Days	
B. NON-WORKDAYS/HOURS (TOTAL OF WEEKEND, VACATION, HOLIDAY, AND SICK DAYS/HOURS)		Days/Hours	Days/Hours	
C. NUMBER OF WORKDAYS/HOURS (LINE 2A MINUS 2B)		Days/Hours	Days/Hours	
D. NUMBER OF DAYS/HOURS WORKED OUTSIDE PHILADELPHIA IN LINE 2C		Days/Hours	Days/Hours	
E. PERCENTAGE OF TIME WORKED OUTSIDE PHILADELPHIA (LINE 2D DIVIDED BY 2C)		%	%	
F. COMPENSATION EARNED OUTSIDE PHILADELPHIA (LINE 1 X LINE 2E)				
G. NON-REIMBURSABLE BUSINESS EXPENSES, IF ANY (100% MINUS LINE 2E X EXPENSES) (SEE INSTRUCTIONS -- ATTACH A COPY OF FEDERAL FORM #2106)				
H. NON-TAXABLE INCOME/ALLOWABLE EXPENSES (LINE 2F + LINE 2G)				
3. COMPUTATION OF TAXABLE COMPENSATION AND/OR ALLOWABLE EXPENSES FOR EMPLOYEES PAID ON A COMMISSION BASIS				
A. TOTAL SALES				
B. SALES OUTSIDE OF PHILADELPHIA				
C. PERCENTAGE OF SALES OUTSIDE OF PHILADELPHIA (LINE 3B DIVIDED BY LINE 3A)		%	%	
D. COMMISSIONS EARNED OUTSIDE OF PHILADELPHIA (LINE 1 X LINE 3C)				
E. NON-REIMBURSABLE BUSINESS EXPENSES, IF ANY (100% LESS LINE 3C X EXPENSES) (SEE INSTRUCTIONS -- ATTACH A COPY OF FEDERAL FORM #2106)				
F. NON-TAXABLE COMMISSIONS/ALLOWABLE EXPENSES (LINE 3D + LINE 3E)				
4. TAXABLE COMPENSATION (LINE 1 MINUS LINE 2H AND/OR LINE 3F)				
5. TAX DUE (LINE 4 X APPLICABLE RATE) SEE RATES ON BACK				
6. TOTAL TAX DUE (LINE 5, COLUMN A + LINE 5, COLUMN B)				
7. TAX WITHHELD PER W-2(S) AND/OR TAX PREVIOUSLY PAID				
8. REFUND (LINE 7 MINUS LINE 6) FEDERAL LAW REQUIRES THE CITY TO REPORT THIS AMOUNT, THE EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY NUMBER TO THE INTERNAL REVENUE SERVICE.				
CERTIFICATION BY EMPLOYER				
<i>I certify that the facts shown above supporting employee's claims are correct based on available payroll records.</i>				
AUTHORIZED OFFICIAL SIGNATURE		PRINTED NAME		DAYTIME TELEPHONE NUMBER
<i>I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by City Ordinance.</i>				
TAXPAYER SIGNATURE		DATE		DAYTIME TELEPHONE NUMBER