

**City of Philadelphia
2003 Annual Reconciliation
of Employee Earnings Tax**

MAKE NO MARKS IN THIS AREA

6 0 0 3

DO NOT STAPLE THIS RETURN

Due Date: April 15, 2004

SOCIAL SECURITY NUMBER

- -

Name

Address

Do not file this return if Philadelphia wage tax was withheld on all compensation (Line 13 = Line 12). File a Change Form to cancel this account.

If wage tax was overwithheld by your employer, do not file this return. File the Employee Wage Tax Refund Petition.

The Change Form and Refund Petition can be downloaded from www.phila.gov/revenue.

If this is an amended return, check here:

- | | | | | | | | | | |
|--|-----|----------------------|---|----------------------|---|----------------------|---|----------------------|----------------------|
| 1. Gross Compensation received 1/1/2003 to 12/31/2003
Enclose W-2 form(s)..... | 1. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 2. Non-taxable compensation from Page 2, Line 3..... | 2. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 3. Net taxable compensation (Line 1 minus Line 2)..... | 3. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 4. Taxable Compensation received by a resident of Philadelphia
(1/1/2003 to 6/30/2003) | 4. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 5. Tax Due (Line 4 X .045)..... | 5. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 6. Taxable Compensation received by a resident of Philadelphia
(7/1/2003 to 12/31/2003) | 6. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 7. Tax Due (Line 6 X .044625)..... | 7. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 8. Taxable Compensation received by a non-resident of Philadelphia
(1/1/2003 to 6/30/2003) | 8. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 9. Tax Due (Line 8 X .039127)..... | 9. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 10. Taxable Compensation received by a non-resident of Philadelphia
(7/1/2003 to 12/31/2003) | 10. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 11. Tax Due (Line 10 X .038801)..... | 11. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 12. Total Tax Due (Add lines 5, 7, 9 and 11)..... | 12. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 13. Tax withheld by employer per enclosed W-2 forms.
If line 13 is equal to line 12, STOP HERE. Do not file this return..... | 13. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 14. Net Tax Due (Line 12 less Line 13)..... | 14. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 15. Tax that you, not your employer, previously paid for 2003
(Not included on W-2 forms)..... | 15. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 16. ADDITIONAL TAX DUE If Line 14 is greater than Line 15,
enter the difference here..... | 16. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 17. If Line 14 is less than Line 15, enter the OVERPAYMENT to be:
applied to the 2004 Earnings Tax <input type="checkbox"/> OR Refunded <input type="checkbox"/> | 17. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |

If claiming a refund on line 17, W-2 forms must accompany this return. Do not file a separate Refund Petition.

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 # _____

DO NOT STAPLE THIS RETURN