

**City of Philadelphia  
Annual Reconciliation of  
2003 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

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. Report changes to the preprinted information using the Change Form.

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](http://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.  ,  ,  . 0 0
- 2. Non-taxable compensation from Page 2, Line 3.....2.  ,  ,  . 0 0
- 3. Net taxable compensation (Line 1 minus Line 2).....3.  ,  ,  . 0 0
- 4. **Taxable Compensation received by a resident of Philadelphia  
(1/1/2003 to 6/30/2003)**.....4.  ,  ,  . 0 0
- 5. Tax Due (Line 4 X .045385).....5.  ,  ,  . 0 0
- 6. **Taxable Compensation received by a resident of Philadelphia  
(7/1/2003 to 12/31/2003)**.....6.  ,  ,  . 0 0
- 7. Tax Due (Line 6 X .045).....7.  ,  ,  . 0 0
- 8. **Taxable Compensation received by a non-resident of Philadelphia  
(1/1/2003 to 6/30/2003)**.....8.  ,  ,  . 0 0
- 9. Tax Due (Line 8 X .039462).....9.  ,  ,  . 0 0
- 10. **Taxable Compensation received by a non-resident of Philadelphia  
(7/1/2003 to 12/31/2003)**.....10.  ,  ,  . 0 0
- 11. Tax Due (Line 10 X .039127).....11.  ,  ,  . 0 0
- 12. Total Tax Due (Add lines 5, 7, 9 and 11).....12.  ,  ,  . 0 0
- 13. Tax withheld by employer per enclosed W-2 forms.....13.  ,  ,  . 0 0  
**If line 13 is equal to line 12, STOP HERE! Do not file this return.**
- 14. Net Tax Due (Line 12 less Line 13).....14.  ,  ,  . 0 0
- 15. Tax that you, not your employer, previously paid for 2003  
(Not included on W-2 forms).....15.  ,  ,  . 0 0
- 16. **ADDITIONAL TAX DUE** If Line 14 is greater than Line 15, enter the  
difference here and in Box "A" below.....16.  ,  ,  . 0 0
- 17. If Line 14 is less than Line 15, enter the **OVERPAYMENT** to be:  
applied to the 2004 Earnings Tax  OR Refunded  .....17.  ,  ,  . 0 0

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 DETACH**

Earn 5/2003

NAME: SOCIAL SECURITY #: YEAR: **2003**

ADDRESS CITY: STATE: ZIP:

Make check payable to: "City of Philadelphia"

Annual Reconciliation of 2003 Earnings Tax	(A) Tax Due (Line 16 above)	(B) Interest & Penalty (See instructions)	(C) Total Due (A plus B)
	<input type="text"/> , <input type="text"/> . 0 0	<input type="text"/> , <input type="text"/> . 0 0	<input type="text"/> , <input type="text"/> . 0 0