

**CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE  
APPLICATION FOR EMPLOYEE EARNINGS (WAGE) TAX ACCOUNT**  
Your Social Security Number is your Employee Earnings Tax Account Number.  
Do not file this application if Philadelphia wage tax was withheld on all compensation.

APPLICANT'S NAME (PRINT)		SOCIAL SECURITY NUMBER [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
HOME ADDRESS			
CITY		STATE	ZIP CODE
DAYTIME TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
EMPLOYER'S NAME		EMPLOYER'S FEDERAL TAX IDENTIFICATION NUMBER [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	
EMPLOYER'S ADDRESS			
CITY		STATE	ZIP CODE
EMPLOYER'S TELEPHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	
EMPLOYMENT START DATE [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	ARE YOU STILL EMPLOYED BY THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, ENTER SEPARATION DATE: [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
<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 penalties as prescribed by law.</i>			
APPLICANT'S SIGNATURE			DATE
<b>MAIL COMPLETED APPLICATION TO: CITY OF PHILADELPHIA DEPARTMENT OF REVENUE 1401 JOHN F. KENNEDY BOULEVARD PHILADELPHIA, PA 19102 OR FAX TO: 215-686-6635</b>			

Complete this portion if remittance is accompanying application. Make check payable to: "City of Philadelphia"

**EMPLOYEE QUARTERLY EARNINGS (WAGE) TAX PAYMENT COUPON**

Print name: \_\_\_\_\_

SOCIAL SECURITY NUMBER  
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]

Address: \_\_\_\_\_  
\_\_\_\_\_

<b>Enter Tax Quarter</b>			
1. <input type="checkbox"/> JANUARY - MARCH	3. <input type="checkbox"/> JULY - SEPTEMBER		
2. <input type="checkbox"/> APRIL - JUNE	4. <input type="checkbox"/> OCTOBER - DECEMBER		

1. Taxable Compensation.....
2. Line 1 times applicable **RESIDENTS** tax rate from chart on reverse.....
3. Line 1 times applicable **NON-RESIDENTS** tax rate from chart on reverse.....
4. Interest and Penalty (See reverse).....
5. **TOTAL DUE** (Add Lines 2, 3 and 4).....

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