

WAGE TAX REFUND PETITION COMMISSION EMPLOYEES <i>(Not to be used by Salaried Employees)</i>		CITY OF PHILADELPHIA ● DEPARTMENT OF REVENUE REFUND UNIT 1401 JOHN F. KENNEDY BOULEVARD - ROOM 580 PHILADELPHIA, PA 19102		YEAR 2003
EMPLOYEE'S NAME (PLEASE PRINT)		SOCIAL SECURITY NUMBER		OFFICE USE ONLY
HOME ADDRESS		EMPLOYER IDENTIFICATION NUMBER (EIN)		DAYTIME TELEPHONE NUMBER
CITY	STATE	ZIP CODE	IF PARTIAL YEAR: From _____ To _____	
EMPLOYER			OCCUPATION	
PLACE OF EMPLOYMENT		A. 1/1/2003 to 6/30/2003 Resident Rate: 4.5% (.045) Non-Resident Rate: 3.9127% (.039127)		B. 7/1/2003 to 12/31/2003 Resident Rate: 4.4625% (.044625) Non-Resident Rate: 3.88% (.038801)
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 COMMISSION BASIS				
A. TOTAL SALES				
B. SALES OUTSIDE OF PHILADELPHIA				
C. PERCENTAGE OF SALES OUTSIDE OF PHILADELPHIA (LINE 2B DIVIDED BY LINE 2A)		%		%
D. COMMISSIONS EARNED OUTSIDE OF PHILADELPHIA (LINE 1 X LINE 2C)				
E. NON -REIMBURSABLE BUSINESS EXPENSES, IF ANY (100% LESS LINE 2C X EXPENSES) SEE INSTRUCTIONS --ATTACH A COPY OF FEDERAL FORM #2106				
F. NON -TAXABLE COMMISSIONS/ALLOWABLE EXPENSE (LINE 2D + LINE 2E)				
3. TAXABLE COMPENSATION (LINE 1 MINUS LINE 2F)				
4. TAX DUE (LINE 3 X APPLICABLE RATE) SEE RATES ON BACK				
5. TOTAL TAX DUE (LINE 4, COLUMN A + LINE 4, COLUMN B)				
6. TAX WITHHELD PER W-2(S)				
7. REFUND REQUESTED (LINE 6 MINUS LINE 5)				
EMPLOYER CERTIFICATION				
<i>I certify that the facts shown above supporting employee's claims are correct based on available payroll records. Individuals serving as authorized official signatories should be familiar with employee's time and attendance, as well as applicable Wage Tax Regulations. Income Tax Regulations Section 401 through 404 requires that the employer properly withhold and allocate wages for tax purposes. General Regulation Section 306 (2) provides that the employer, for and on behalf of the employee, requests the refund.</i>				
AUTHORIZED OFFICIAL SIGNATURE		PRINTED NAME		DAYTIME TELEPHONE NUMBER
EMPLOYEE CERTIFICATION				
<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	

There are further directions for both the Employer as well as the Employee on the other side of this form. Please read them before completing this document. Completed petition must include:

- **W-2 showing Federal, State and Local wages**
- **Signature of Employee and Employer**
- **IRS form 2106 if claiming expenses (including breakdown of line 4)**

For further information, you may reach the Revenue Department Refund Unit at:
215-686-6574, 6575 or 6578
Send e-mail to revenue@phila.gov
www.phila.gov/revenue