

<b>WAGE TAX REFUND PETITION SALARY/HOURLY EMPLOYEES (Not to be used by Commissioned Employees)</b>		<b>CITY OF PHILADELPHIA ● DEPARTMENT OF REVENUE REFUND UNIT 1401 JOHN F. KENNEDY BOULEVARD - ROOM 580 PHILADELPHIA, PA 19102</b>		<b>YEAR 2003</b>
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	
EMPLOYEE'S WORK LOCATION		<b>A. 1/1/2003 to 6/30/2003</b> Resident Rate: 4.5% (.045) Non-Resident Rate: <b>3.9127% (.039127)</b>		<b>B. 7/1/2003 to 12/31/2003</b> Resident Rate: 4.4625% (.044625) Non-Resident Rate: <b>3.8801% (.038801)</b>
<b>SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM</b>				
1. GROSS COMPENSATION				.00
2. COMPUTATION OF TAXABLE COMPENSATION AND/OR ALLOWABLE EXPENSES FOR EMPLOYEES PAID ON A HOURLY OR WAGE BASIS				
A. NUMBER OF DAYS/HOURS		181 Days/1448 Hrs		184 Days/1472 Hrs
B. NON-WORKDAYS/HOURS (TOTAL OF WEEKEND, VACATION LEAVE, HOLIDAY, AND SICK DAYS/HOURS)		Days/Hours		Days/Hours
C. NUMBER OF WORKDAYS/HOURS (BASE ____ OVERTIME ____) (LINE 2A MINUS LINE 2B)		Days/Hours		Days/Hours
D. NUMBER OF DAYS/HOURS WORKED OUTSIDE OF PHILADELPHIA IN LINE 2C		Days/Hours		Days/Hours
E. PERCENTAGE OF TIME WORKED OUTSIDE PHILADELPHIA (LINE 2D DIVIDED BY LINE 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 PLUS LINE 2G)				
3. TAXABLE COMPENSATION (LINE 1 MINUS LINE 2H)				
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)				
<b>EMPLOYER CERTIFICATION</b>				
<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 require 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
<b>EMPLOYEE CERTIFICATION</b>				
<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](mailto:revenue@phila.gov)  
[www.phila.gov/revenue](http://www.phila.gov/revenue)