City of Philadelphia Annual Reconciliation of Employer Wage Tax 2003

MAKE NO MARKS IN THIS AREA

5 0 0 3

Due date: February 29, 2004

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CITY ACCOUNT NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

Name

Address

If this is an amended return, place an "X" here:.....

A. Enter the number of **Philadelphia Residents** for whom wage tax was remitted for the pay period including March 12, 2003.....A.

B. Enter the number of **non-residents** (employees living outside Philadelphia city limits) for whom wage tax was remitted for pay period including March 12, 2003.....B.

C. Total number of employees **for all company locations** reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2003 (for the pay period including March 12, 2003).....C.

D. Number of employees working **at company locations within Philadelphia city limits,** for the pay period including March 12, 2003.....D.

1. Gross Compensation per W-2 forms for all employees.....1. , , . 0 0
2. Non-Taxable Compensation included in Line 1. (Paid to non-residents working outside of Philadelphia).....2. , , . 0 0
3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 less Line 2).....3. , , . 0 0
4. **Total Taxable Compensation paid to residents of Philadelphia (1/1/2003 to 6/30/2003)**.....4. , , . 0 0
5. Tax Due (Line 4 X .045).....5. , , . 0 0
6. **Total Taxable Compensation paid to residents of Philadelphia (7/1/2003 to 12/31/2003)**.....6. , , . 0 0
7. Tax Due (Line 6 X .044625).....7. , , . 0 0
8. **Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2003 to 6/30/2003)**.....8. , , . 0 0
9. Tax Due (Line 8 X .039127).....9. , , . 0 0
10. **Total Taxable Compensation paid to nonresidents of Philadelphia (7/1/2003 to 12/31/2003)**.....10. , , . 0 0
11. Tax Due (Line 10 X .038801).....11. , , . 0 0
12. **Total Tax Due (Add lines 5, 7, 9 and 11)**.....12. , , . 0 0
13. Tax previously paid for 2003.....13. , , . 0 0
14. **ADDITIONAL TAX DUE** If Line 12 is greater than Line 13, enter the amount here .....14. , , . 0 0
15. If Line 12 is less than Line 13, enter the amount of **TAX OVERPAID**. (See Instructions).....15. , , . 0 0

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 #_____