

**City of Philadelphia  
Annual Reconciliation of  
2004 Employer Wage Tax**

MAKE NO MARKS IN THIS AREA  
**5 0 0 4**

**Due date: February 28, 2005**

CITY ACCOUNT NUMBER

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FEDERAL EMPLOYER IDENTIFICATION NUMBER

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Name
Address



To file online, click on "Online Services" at [www.phila.gov/revenue](http://www.phila.gov/revenue).

If this is an amended return, check here:

- A. Enter the number of **Philadelphia Residents** for whom wage tax was remitted for the pay period including March 12, 2004.....A. 

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- 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, 2004.....B. 

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- C. Total number of employees **for all company locations** reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2004 (for the pay period including March 12, 2004).....C. 

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- D. Number of employees working **at company locations within Philadelphia city limits**, for the pay period including March 12, 2004.....D. 

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1. Gross Compensation per W-2 forms for all employees.....1.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
2. Non-Taxable Compensation included in Line 1. (Paid to non-residents working outside of Philadelphia).....2.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 less Line 2).....3.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
4. <b>Total Taxable Compensation paid to residents of Philadelphia (1/1/2004 to 12/31/2004)</b> .....4.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
5. Tax Due (Line 4 X .044625).....5.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
6. <b>Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2004 to 12/31/2004)</b> .....6.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
7. Tax Due (Line 6 X .038801).....7.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
8. <b>Total Tax Due (Add lines 5 and 7)</b> .....8.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
9. Tax previously paid for 2004.....9.	<table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
10. <b>ADDITIONAL TAX DUE</b> If Line 8 is greater than Line 9, enter the amount here.....10.	<input type="checkbox"/> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 0 0									
11. If Line 8 is less than Line 9, enter the amount of <b>TAX OVERPAID.</b> (See Instructions).....11.	<input type="checkbox"/> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> , <table border="1"><tr><td> </td><td> </td><td> </td></tr></table> . 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 # \_\_\_\_\_