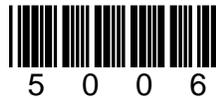


CITY OF PHILADELPHIA  
**ANNUAL RECONCILIATION OF 2006  
 EMPLOYER WAGE TAX**  
**DUE DATE: FEBRUARY 28, 2007**



City Account Number

□ □ □ □ □ □ □ □

Federal Identification Number

□ □ - □ □ □ □ □ □ □ □

Taxpayer Name and Address

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

**YOU MUST USE THE CHANGE FORM TO REPORT A CHANGE OF ADDRESS  
 OR TO CANCEL THIS ACCOUNT.**

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, 2006.....A.
- B. Enter the number of **nonresidents** (employees living outside Philadelphia city limits) for whom wage tax was remitted for the pay period including March 12, 2006.....B.
- C. Total number of employees for **all company locations** reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2006 (for the pay period including March 12, 2006).....C.
- D. Number of employees working at **company locations within Philadelphia city limits**, for the pay period including March 12, 2006.....D.

- 1. Gross Compensation per W-2 forms for all employees.....1.    ,    ,    .00
- 2. Non-Taxable Compensation included in Line 1.  
 (Paid to nonresidents working outside of Philadelphia).....2.    ,    ,    .00
- 3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 minus Line 2).....3.    ,    ,    .00
- 4. **Total Taxable Compensation paid to residents of Philadelphia in 2006**.....4.    ,    ,    .00
- 5. Tax Due (Line 4 times .04301).....5.    ,    ,    .00
- 6. **Total Taxable Compensation paid to nonresidents of Philadelphia in 2006**.....6.    ,    ,    .00
- 7. Tax Due (Line 6 times .037716).....7.    ,    ,    .00
- 8. **Total Tax Due** (Line 5 plus Line 7).....8.    ,    ,    .00
- 9. **Tax previously paid for 2006**.....9.    ,    ,    .00
- 10. **ADDITIONAL TAX DUE** If Line 8 is greater than Line 9, enter the amount here and in **Box A**, below.....10.  ,    ,    .00
- 11. **TAX OVERPAID** If Line 9 is greater than Line 8, enter the amount here. See instructions for filing a Refund Petition.....11.  ,    ,    .00

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 # \_\_\_\_\_