

**City of Philadelphia
Year 2007
Real Estate Tax
Installment Plan Application**

MAKE NO MARKS IN THIS AREA

7 1 0 7

Filing Deadline: February 28, 2007

NEW APPLICANTS ONLY

2006 Program Participants Do Not Need to File this Application

Primary Address

Real Estate Tax Account Number

 - -

Print Applicant's Name

Applicant's Social Security Number

 - -

Applicant's Birth Date

 - -

Print Spouse's Name

Spouse's Social Security Number

 - -

Spouse's Birth Date

 - -

Payment Plan

Low Income

(Choose up to 8 payments)

Low Income Senior Citizen

(Choose up to 20 payments)

Total Members of Household

(To determine eligibility, compare total income to members of household per chart on reverse.)

Household Income

- | | | | | | | |
|---|----|--|---|--|---|---|
| 1. Total 2005 Gross Social Security and Supplemental Security Income (Medicare premiums must be included)..... | 1. | <input type="text"/> <input type="text"/> <input type="text"/> | , | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> |
| 2. Total 2005 Gross Pensions, Annuities, Veterans' & Railroad Retirement Benefits, and taxable portion of Individual Retirement Accounts (IRAs)..... | 2. | <input type="text"/> <input type="text"/> <input type="text"/> | , | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> |
| 3. Total 2005 Salary, Wages, Bonuses, Commissions, Income from Self-Employment and Partnership Income (Do not subtract losses)..... | 3. | <input type="text"/> <input type="text"/> <input type="text"/> | , | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> |
| 4. Total 2005 Interest, Dividends, Capital Gains, Prizes (Do not subtract losses)..... | 4. | <input type="text"/> <input type="text"/> <input type="text"/> | , | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> |
| 5. Total 2005 Net Rental Income and Net Business Income (Do not include rent you pay; do not subtract rental or business losses from your total income)..... | 5. | <input type="text"/> <input type="text"/> <input type="text"/> | , | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> |
| 6. Total 2005 Other Income (Cash Public Assistance, Unemployment and Workers' Compensation, Alimony, Support Money, Gifts totaling more than \$500, Life Insurance Death Benefit Payments exceeding \$10,000 per person)..... | 6. | <input type="text"/> <input type="text"/> <input type="text"/> | , | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> |
| 7. TOTAL HOUSEHOLD INCOME (Add Lines 1 through 6)..... | 7. | <input type="text"/> <input type="text"/> <input type="text"/> | , | <input type="text"/> <input type="text"/> <input type="text"/> | . | <input type="text"/> <input type="text"/> |

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 # _____

**MAIL TO: PHILADELPHIA DEPARTMENT OF REVENUE
P.O. BOX 53190
PHILADELPHIA, PA 19105
QUESTIONS: 215-686-6442 E-MAIL revenue@phila.gov**