

**City of Philadelphia  
Annual Reconciliation of  
Employee Earnings Tax 2000**

MAKE NO MARKS IN THIS AREA  
**6 0 0 0**

DO NOT STAPLE THIS RETURN

**Due Date: April 16, 2001**

**SEE INSTRUCTIONS ON BACK**

Use the Change Form to report changes to the pre-printed information or to request a cancellation of this account.

Social Security Number

-   -

The Allocation of Earnings Form (#83-T-320) must be used for all allocated compensation and/or expenses.

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

- |   |     |                      |   |                      |   |                      |   |                      |                      |
|---|-----|----------------------|---|----------------------|---|----------------------|---|----------------------|----------------------|
| 1. Gross Compensation received 1/1/2000 to 12/31/2000<br>Enclose W-2 form(s).....   | 1.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 2. Total Taxable Compensation received by a resident of<br>Philadelphia (1/1/2000 to 6/30/2000).....  | 2.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 3. Tax Due (Line 2 X .046135).....  | 3.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 4. Total Taxable Compensation received by a resident of<br>Philadelphia (7/1/2000 to 12/31/2000).....   | 4.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 5. Tax Due (Line 4 X .045635).....  | 5.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 6. Total Taxable Compensation received by a non-resident of<br>Philadelphia (1/1/2000 to 6/30/2000).....  | 6.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 7. Tax Due (Line 6 X .040112).....  | 7.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 8. Total Taxable Compensation received by a non-resident of<br>Philadelphia (7/1/2000 to 12/31/2000).....   | 8.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 9. Tax Due (Line 8 X .039672).....  | 9.  | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 10. Total Tax Due (Add lines 3, 5, 7 and 9).....  | 10. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 11. Tax withheld by <u>employer</u> per enclosed W-2 forms.....   | 11. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 12. Net Tax Due (Line 10 less Line 11).....   | 12. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 13. Tax that <u>you</u> previously paid for 2000<br>(Not included on W-2 forms).....  | 13. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 14. <b>TAX DUE</b> If Line 12 is greater than Line 13, enter here<br>and in Box "A" below.....  | 14. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |
| 15. If Line 12 is less than Line 13, enter the <b>OVERPAYMENT</b> to be:<br>applied to the 2001 Earnings Tax <input type="checkbox"/> <b>OR</b> Refunded <input type="checkbox"/> ..... | 15. | <input type="text"/> | , | <input type="text"/> | , | <input type="text"/> | . | <input type="text"/> | <input type="text"/> |

Claims for refund must be accompanied by W-2 forms indicating earnings and Philadelphia wage tax withheld and allocation form 83-T-320.

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 # \_\_\_\_\_

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