

**City of Philadelphia
Year 2004**

**Real Estate Tax
Installment Plan Application**

MAKE NO MARKS IN THIS AREA

7 1 0 4

Filing Deadline: February 29, 2004

New Applicants Only

2003 Program Participants Do Not Need to File this Application

Primary Address

Real Estate Tax Account Number

 - -

Print Applicant's Name

Last: First:

Applicant's Social Security Number

 - -

Applicant's Birth Date

 - -

Print Spouse's Name

Last: First:

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

1. Total 2002 Gross Social Security And Supplemental Security Income (Medicare premiums must be included).....1.	<input type="text"/>	,	<input type="text"/>	.	0 0
2. Total 2002 Gross Pensions, Annuities, Veterans' & Railroad Retirement Retirement Benefits and taxable portion of Individual Retirement Accounts (IRAs).....2.	<input type="text"/>	,	<input type="text"/>	.	0 0
3. Total 2002 Salary, Wages, Bonuses, Commissions, Income from Self-Employment and Partnership Income (Do not subtract losses).....3.	<input type="text"/>	,	<input type="text"/>	.	0 0
4. Total 2002 Interest, Dividends, Capital Gains, Prizes (Do not subtract losses).....4.	<input type="text"/>	,	<input type="text"/>	.	0 0
5. Total 2002 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"/>	.	0 0
6. Total 2002 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"/>	.	0 0
7. TOTAL (Add Lines 1 through 6) ANNUAL FIGURE.....7.	<input type="text"/>	,	<input type="text"/>	.	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 # _____

**MAIL TO: PHILADELPHIA DEPARTMENT OF REVENUE
P.O. BOX 53190
PHILADELPHIA, PA 19105**

QUESTIONS: (215) 686-6442 E-mail: revenue@phila.gov