

**CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
REFUND PETITION**

For all refunds except Individual Employee Wage Tax.

SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION.

1. PETITIONER'S NAME <i>(First Name, Middle Initial, Last Name)</i>	Petition Number (Office use only)
2. BUSINESS NAME	4. SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px 0;"></div> - <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px 0;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div>
3. MAILING ADDRESS	5. FEDERAL EMPLOYER IDENTIFICATION NO. <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px 0;"></div> - <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div>
CITY	STATE ZIP CODE

6. PROPERTY ADDRESS *(For Real Estate, Water and Business Use & Occupancy Refunds Only)*

7. PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
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8. REFUND TYPE *(Check all that apply and list below.)*

Wage Tax <input type="checkbox"/>	Business Privilege Tax <input type="checkbox"/>	Net Profits Tax <input type="checkbox"/>	Business Use & Occupancy Tax <input type="checkbox"/>
Parking Tax <input type="checkbox"/>	Liquor Tax <input type="checkbox"/>	Water/Sewer <input type="checkbox"/>	Real Estate Tax <input type="checkbox"/>
Hotel Tax <input type="checkbox"/>	Amusement Tax <input type="checkbox"/>	School Income Tax <input type="checkbox"/>	Other (specify) _____ <input type="checkbox"/>

A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM	A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM

9. REASON FOR THIS REFUND PETITION

I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as prescribed by law.

PETITIONER'S SIGNATURE	DATE
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<p>MAIL COMPLETED REFUND PETITION TO: PHILADELPHIA DEPARTMENT OF REVENUE REFUND UNIT, ROOM 580 1401 JOHN F. KENNEDY BOULEVARD PHILADELPHIA, PA 19102 OR FAX TO: 215-686-6228</p>	<p>REFUND INFORMATION: PHONE: 215-686-6574, 6575, 6578 FAX: 215-686-6228 E-MAIL: revenue@phila.gov INTERNET: phila.gov/revenue </p>
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