

**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 |
|-----------------|------------|----------------|

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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