

**City of Philadelphia
School Income Tax
2000**

MAKE NO MARKS IN THIS AREA
4 3 0 0

DUE DATE: APRIL 16, 2001

To report changes to the pre-printed information or to request a cancellation of this account, use the enclosed Change Form.

If you were a partial year resident, enter date from _____ to _____, and place an "X" here:.....
(See page 4 of the instruction booklet.)

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

Print Your Name:

FIRST _____ LAST _____
Your Social Security Number
[] [] [] - [] [] - [] [] [] []

Print Spouse's Name:

FIRST _____ LAST _____
Spouse's Social Security Number
[] [] [] - [] [] - [] [] [] []

The instructions for lines 1 through 15 are on pages 2 and 3 of the instruction booklet.

1. Net Taxable Dividends.....	1.	[]	,	[] []	,	[] []	.	0 0
2. Taxable Interest.....	2.	[]	,	[] []	,	[] []	.	0 0
3. "S" Corporation Distributions.....	3.	[]	,	[] []	,	[] []	.	0 0
4. Limited Partnership Income (if loss, enter "0").....	4.	[]	,	[] []	,	[] []	.	0 0
5. Taxable Income received as a Beneficiary from an Estate or Trust.....	5.	[]	,	[] []	,	[] []	.	0 0
6. Net Short Term Capital Gains (Held 6 months or less) (if loss, enter "0").....	6.	[]	,	[] []	,	[] []	.	0 0
7. Net Rental Income (if loss, enter "0").....	7.	[]	,	[] []	,	[] []	.	0 0
8. Other Taxable Income.....	8.	[]	,	[] []	,	[] []	.	0 0
9. Total Taxable Income (add lines 1 through 8).....	9.	[]	,	[] []	,	[] []	.	0 0
10. Deductible Expenses	10.	[]	,	[] []	,	[] []	.	0 0
11. Total Taxable Income (line 9 less line 10).....	11.	[]	,	[] []	,	[] []	.	0 0
12. Gross Tax Due (4.5635% of line 11).....	12.	[]	,	[] []	,	[] []	.	0 0
13. Credits or Tax previously paid with an extension coupon.....	13.	[]	,	[] []	,	[] []	.	0 0
14. TAX DUE If line 12 is greater than line 13, enter the difference here and in Box "A" below.....	14.	[]	,	[] []	,	[] []	.	0 0
15. OVERPAYMENT If line 13 is greater than line 12, enter the balance to be: Applied to the 2001 School Income Tax <input type="checkbox"/> OR Refunded <input type="checkbox"/>	15.	[]	,	[] []	,	[] []	.	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 # _____