

**City of Philadelphia Department of Revenue  
2005 Annual Reconciliation of  
Employee Earnings Tax  
Design Specifications - November 14, 2005**

The page is measured 85 characters across (X), 66 characters down (Y).

All variable data shall be in 12 point Courier font.

All money fields should be numeric only, right justified and rounded to the nearest dollar. If the field is zero, enter "0" or leave blank. Money fields will not contain punctuation. Brackets, the minus sign or the work "loss" must not be used. Date should use the "mm-dd-yyyy" format.

Each page has a registration mark in each of the four corners. The boxes measure 3/16 of an inch square.

Only print whole dollars for all money fields. Cents or ".00" should not be used.

**2005 Annual Reconciliation of Employee Earnings Tax**

Form ID Number is 6005

Field	# of chars.	X/Y Start Position
• Top Left Reg. Mark		6/4
• Top Right Reg. Mark		79/4
• Bottom Left Reg. Mark		6/60
• Bottom Right Reg. Mark		79/60
• Form ID Number	4	41/5 to 44/5
• Name & Address Line 1	35	8/11 to 42/11
• Name & Address Line 2	35	8/12 to 42/12
• Name & Address Line 3	35	8/13 to 42/13
• Name & Address Line 4	35	8/14 to 42/14
• Social Security Number	9	61/8 to 69/8
• Amended Return Check Box	1	76/14 to 76/14
• Line 1	7	66/18 to 72/18
• Line 2	7	66/20 to 72/20
• Line 3	7	66/22 to 72/22
• Line 4	7	66/24 to 72/24
• Line 5	7	66/26 to 72/26
• Line 6	7	66/28 to 72/28
• Line 7	7	66/30 to 72/30
• Line 8	7	66/32 to 72/32
• Line 9	7	66/34 to 72/34
• Line 10	7	66/36 to 72/36
• Line 11	7	66/38 to 72/38
• Line 12	7	66/40 to 72/40
• Line 13 A	7	66/43 to 72/43
• Line 13 B	7	66/45 to 72/45

CITY OF PHILADELPHIA  
**2005 ANNUAL RECONCILIATION  
 OF EMPLOYEE EARNINGS TAX**

MAKE NO MARKS IN THIS AREA  
 6005

**DUE DATE: APRIL 17, 2005**

SOCIAL SECURITY NUMBER

TAXPAYER NAME & ADDRESS

**Do not file this return if Philadelphia wage tax was withheld on all compensation (Line 8 = Line 9). File a Change Form to cancel this account.**

If this is an amended return, check here:

- 1. Gross Compensation received. Enclose 2005 W-2 form(s).....1.
- 2. Non-taxable compensation from Page 2, Line 3.....2.
- 3. Net taxable compensation (Line 1 minus Line 2).....3.
- 4. **Taxable Compensation received by a resident of Philadelphia in 2005**.....4.
- 5. Tax Due (Line 4 X .04331).....5.
- 6. **Taxable Compensation received by a non-resident of Philadelphia in 2005**.....6.
- 7. Tax Due (Line 6 X .038197).....7.
- 8. Total Tax Due (Add lines 5 and 7).....8.
- 9. Any Philadelphia wage tax withheld by employer per enclosed W-2 forms.....9.  
**If line 8 is equal to line 9, STOP HERE! Do not file this return.**
- 10. Net Tax Due (Line 8 less Line 9).....10.
- 11. Tax not included on W-2 forms that you, not your employer, previously paid for 2005.....11.
- 12. **ADDITIONAL TAX DUE** If Line 10 is greater than Line 11, enter the difference here.....12.
- 13. If Line 10 is less than Line 11, enter the **OVERPAYMENT** to be:
  - A. Refunded. **Do not file a separate Refund Petition**.....13A.
  - OR**
  - B. Applied to the 2006 Earnings Tax.....13B.

**If wage tax was overwithheld by your employer, do not file this return. File the Employee Wage Tax Refund Petition. If claiming a refund on line 13, W-2 forms must accompany this return.**

**The Change Form and Refund Petition can be downloaded from [www.phila.gov/revenue](http://www.phila.gov/revenue).**

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 # \_\_\_\_\_

CITY OF PHILADELPHIA  
**2005 ANNUAL RECONCILIATION  
 OF EMPLOYEE EARNINGS TAX**

MAKE NO MARKS IN THIS AREA  
 6005

**DUE DATE: APRIL 17, 2005**

**SOCIAL SECURITY NUMBER**  
 999999999

TAXPAYER NAME & ADDRESS

Name and address.....Line 1  
 Name and address.....Line 2  
 Name and address.....Line 3  
 Name and address.....Line 4

**Do not file this return if Philadelphia wage tax was withheld on all compensation (Line 8 = Line 9). File a Change Form to cancel this account.**

If this is an amended return, check here:

1. Gross Compensation received. Enclose 2005 W-2 form(s).....1.	11111111
2. Non-taxable compensation from Page 2, Line 3.....2.	22222222
3. Net taxable compensation (Line 1 minus Line 2).....3.	33333333
4. <b>Taxable Compensation received by a resident of Philadelphia in 2005</b> .....4.	44444444
5. Tax Due (Line 4 X .04331).....5.	55555555
6. <b>Taxable Compensation received by a non-resident of Philadelphia in 2005</b> .....6.	66666666
7. Tax Due (Line 6 X .038197).....7.	77777777
8. Total Tax Due (Add lines 5 and 7).....8.	88888888
9. Any Philadelphia wage tax <u>withheld by employer</u> per enclosed W-2 forms.....9.	99999999
<b>If line 8 is equal to line 9, STOP HERE! Do not file this return.</b>	
10. Net Tax Due (Line 8 less Line 9).....10.	10101010
11. Tax <u>not included</u> on W-2 forms that you, <u>not your employer</u> , previously paid for 2005.....11.	11111111
12. <b>ADDITIONAL TAX DUE</b> If Line 10 is greater than Line 11, enter the difference here.....12.	12121212
13. If Line 10 is less than Line 11, enter the <b>OVERPAYMENT</b> to be:	
A. Refunded. <b>Do not file a separate Refund Petition</b> .....13A.	13131313
<b>OR</b>	
B. Applied to the 2006 Earnings Tax.....13B.	13131313

**If wage tax was overwithheld by your employer, do not file this return. File the Employee Wage Tax Refund Petition. If claiming a refund on line 13, W-2 forms must accompany this return.**

**The Change Form and Refund Petition can be downloaded from [www.phila.gov/revenue](http://www.phila.gov/revenue).**

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 # \_\_\_\_\_

