

**City of Philadelphia Department of Revenue
2007 Annual Reconciliation of
Employer Wage Tax
Design Specifications – September 19, 2007**

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

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

2007 Annual Reconciliation of Employer Wage Tax

The Form ID Number is 5007

Field	# of chars.	X/Y Start Position
• Top Left Reg. Mark		6/4
• Top Right Reg. Mark		79/4
• Bottom Left Reg. Mark		6/61
• Bottom Right Reg. Mark		79/61
• Name & Address Line 1	40	7/9 to 46/9
• Name & Address Line 2	40	7/10 to 46/10
• Name & Address Line 3	40	7/11 to 46/11
• Name & Address Line 4	40	7/12 to 46/12
• Name & Address Line 5	40	7/13 to 46/13
• City Account Number	7	65/9 to 71/9
• Federal Identification Number	9	64/13 to 72/13
• Amended Return Check Box	1	78/16 to 78/16
• Line A	5	73/19 to 77/19
• Line B	5	73/21 to 77/21
• Line C	5	73/23 to 77/23
• Line D	5	73/25 to 77/25
• Line 1	9	68/28 to 76/28
• Line 2	9	68/31 to 76/31
• Line 3	9	68/34 to 76/34
• Line 4	9	68/36 to 76/36
• Line 5	9	68/38 to 76/38
• Line 6	9	68/40 to 76/40
• Line 7	9	68/42 to 76/42
• Line 8	9	68/44 to 76/44
• Line 9	9	68/46 to 76/46
• Line 10	7	70/48 to 76/48
• Line 11	7	70/51 to 76/51

**CITY OF PHILADELPHIA
ANNUAL RECONCILIATION
OF 2007 EMPLOYER WAGE**

5 0 0 7

DUE DATE: FEBRUARY 29, 2008

Name and address.....Line 1
Name and address.....Line 2
Name and address.....Line 3
Name and address.....Line 4
Name and address.....Line 5

City Account Number
9999999

Federal Identification Number
999999999

**YOU MUST USE THE CHANGE FORM TO REPORT A CHANGE OF ADDRESS
OR TO CANCEL THIS ACCOUNT.**

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

- A. Enter the number of Philadelphia Residents for whom wage tax was remitted for the pay period including March 12, 2007.....A. 99999
- B. Enter the number of **nonresidents** (employees living outside Philadelphia city limits) for whom wage tax was remitted for the pay period including March 12, 2007.....B. 99999
- C. Total number of employees **for all company locations** reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2007 (for the pay period including March 12, 2007).....C. 99999
- D. Number of employees working **at company locations within Philadelphia city limits**, for the pay period including March 12, 2007.....D. 99999

- 1. Gross Compensation per W-2 forms for all employees.....1. 999999999
- 2. Non-Taxable Compensation included in Line 1.
(Paid to nonresidents working outside of Philadelphia).....2. 999999999
- 3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 minus Line 2).....3. 999999999
- 4. **Total Taxable Compensation paid to residents of Philadelphia in 2007**.....4. 999999999
- 5. Tax Due (Line 4 times .0426).....5. 999999999
- 6. **Total Taxable Compensation paid to nonresidents of Philadelphia in 2007**.....6. 999999999
- 7. Tax Due (Line 6 times .037557).....7. 999999999
- 8. **Total Tax Due** (Line 5 plus Line 7).....8. 999999999
- 9. **Tax previously paid for 2007**.....9. 999999999
- 10. **ADDITIONAL TAX DUE** If Line 8 is greater than Line 9, enter the amount here.....10. 9999999
- 11. **TAX OVERPAID** If Line 9 is greater than Line 8, enter the amount here.
See instructions for filing a Refund Petition.....11. 9999999

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
ANNUAL RECONCILIATION
OF 2007 EMPLOYER WAGE

5 0 0 7

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