

**City of Philadelphia Department of Revenue
2004 Annual Reconciliation of
Employer Wage Tax
Design Specifications – November 29, 2004**

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.

2004 Annual Reconciliation of Employer Wage Tax

The Form ID Number is 5004

| 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 |
| • | | |
| • City Account Number | 7 | 64/9 to 70/9 |
| • Federal Identification Number | 9 | 62/12 to 70/12 |
| • Amended Return Check Box | 1 | 78/18 to 78/18 |
| • Line A | 5 | 73/20 to 77/20 |
| • Line B | 5 | 73/22 to 77/22 |
| • Line C | 5 | 73/24 to 77/24 |
| • Line D | 5 | 73/26 to 77/26 |
| • Line 1 | 9 | 66/29 to 74/29 |
| • Line 2 | 9 | 66/31 to 74/31 |
| • Line 3 | 9 | 66/33 to 74/33 |
| • Line 4 | 9 | 66/35 to 74/35 |
| • Line 5 | 9 | 66/37 to 74/37 |
| • Line 6 | 9 | 66/39 to 74/39 |
| • Line 7 | 9 | 66/41 to 74/41 |
| • Line 8 | 9 | 66/43 to 74/43 |
| • Line 9 | 9 | 66/45 to 74/45 |
| • Line 10 | 7 | 68/47 to 74/47 |
| • Line 11 | 7 | 68/49 to 74/49 |

**CITY OF PHILADELPHIA
2004 ANNUAL RECONCILIATION
OF EMPLOYER WAGE TAX**

MAKE NO MARKS IN THIS AREA
5004

DUE DATE: FEBRUARY 28, 2005

CITY ACCOUNT NUMBER
7777777

FEDERAL EMPLOYER IDENTIFICATION NUMBER
99999999

TAXPAYER NAME & ADDRESS

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

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, 2004..... | A. | 15555 | |
| B. Enter the number of non-residents (employees living outside Philadelphia city limits) for whom wage tax was remitted for pay period including March 12, 2004..... | B. | 25555 | |
| C. Total number of employees for all company locations reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2004 (for the pay period including March 12, 2004)..... | C. | 35555 | |
| D. Number of employees working at company locations within Philadelphia city limits, for the pay period including March 12, 2004..... | D. | 45555 | |
| 1. Gross Compensation per W-2 forms for <u>all</u> employees..... | 1. | 111111111 | .00 |
| 2. Non-Taxable Compensation included in Line 1. (Paid to non-residents working outside of Philadelphia)..... | 2. | 222222222 | .00 |
| 3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due. (Line 1 less Line 2)..... | 3. | 333333333 | .00 |
| 4. Total Taxable Compensation paid to residents of Philadelphia (1/1/2004 to 12/31/2004)..... | 4. | 444444444 | .00 |
| 5. Tax Due (Line 4 X .044625)..... | 5. | 555555555 | .00 |
| 6. Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2004 to 12/31/2004)..... | 6. | 666666666 | .00 |
| 7. Tax Due (Line 6 X .038801)..... | 7. | 777777777 | .00 |
| 8. Total Tax Due (Add lines 5 and 7)..... | 8. | 888888888 | .00 |
| 9. Tax previously paid for 2004..... | 9. | 999999999 | .00 |
| 10. ADDITIONAL TAX DUE If Line 8 is greater than Line 9, enter the amount here | 10. | 1010101 | .00 |
| 11. If Line 8 is less than Line 9, enter the amount of TAX OVERPAID..... | 11. | 1111111 | .00 |

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
2004 ANNUAL RECONCILIATION
OF EMPLOYER WAGE TAX**

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| B. Enter the number of non-residents (employees living outside Philadelphia city limits) for whom wage tax was remitted for pay period including March 12, 2004..... | B. | |
| C. Total number of employees for all company locations reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2004 (for the pay period including March 12, 2004)..... | C. | |
| D. Number of employees working at company locations within Philadelphia city limits, for the pay period including March 12, 2004..... | D. | |
| 1. Gross Compensation per W-2 forms for <u>all</u> employees..... | 1. | .00 |
| 2. Non-Taxable Compensation included in Line 1. (Paid to non-residents working outside of Philadelphia)..... | 2. | .00 |
| 3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due. (Line 1 less Line 2)..... | 3. | .00 |
| 4. Total Taxable Compensation paid to residents of Philadelphia (1/1/2004 to 12/31/2004)..... | 4. | .00 |
| 5. Tax Due (Line 4 X .044625)..... | 5. | .00 |
| 6. Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2004 to 12/31/2004)..... | 6. | .00 |
| 7. Tax Due (Line 6 X .038801)..... | 7. | .00 |
| 8. Total Tax Due (Add lines 5 and 7)..... | 8. | .00 |
| 9. Tax previously paid for 2004..... | 9. | .00 |
| 10. ADDITIONAL TAX DUE If Line 8 is greater than Line 9, enter the amount here | 10. | .00 |
| 11. If Line 8 is less than Line 9, enter the amount of TAX OVERPAID..... | 11. | .00 |

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 # _____