

<b>WAGE TAX REFUND PETITION</b>  <b>COMPLETE W-2 MUST BE ATTACHED</b>	CITY OF PHILADELPHIA • DEPARTMENT OF REVENUE REFUND UNIT 1401 JOHN F. KENNEDY BOULEVARD - ROOM 580 PHILADELPHIA, PA 19102	YEAR <b>2000</b>		
EMPLOYEE'S NAME (PLEASE PRINT)		SOCIAL SECURITY NUMBER		
HOME ADDRESS		DAYTIME TELEPHONE NUMBER		
CITY	STATE	ZIP CODE		
EMPLOYER		IF PARTIAL YEAR: From _____ To _____		
PLACE OF EMPLOYMENT		EMPLOYER IDENTIFICATION NUMBER (EIN)		
<b>SEE INSTRUCTIONS ON REVERSE SIDE OF THIS FORM</b>		<table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>A. 1/1/2000 to 6/30/2000</b> Resident Rate: 4.6135% (.046135) Non-Resident Rate: 4.0112% (.040112)</td> <td style="width:50%; border: none;"><b>B. 7/1/2000 to 12/31/2000</b> Resident Rate: 4.5635% (.045635) Non-Resident Rate: 3.9672% (.039672)</td> </tr> </table>	<b>A. 1/1/2000 to 6/30/2000</b> Resident Rate: 4.6135% (.046135) Non-Resident Rate: 4.0112% (.040112)	<b>B. 7/1/2000 to 12/31/2000</b> Resident Rate: 4.5635% (.045635) Non-Resident Rate: 3.9672% (.039672)
<b>A. 1/1/2000 to 6/30/2000</b> Resident Rate: 4.6135% (.046135) Non-Resident Rate: 4.0112% (.040112)	<b>B. 7/1/2000 to 12/31/2000</b> Resident Rate: 4.5635% (.045635) Non-Resident Rate: 3.9672% (.039672)			
1. GROSS COMPENSATION		.00		
2. COMPUTATION OF TAXABLE COMPENSATION AND/OR ALLOWABLE EXPENSES FOR EMPLOYEES PAID ON A STRAIGHT SALARY BASIS				
A. NUMBER OF DAYS/HOURS	182 Days	184 Days		
B. NON-WORKDAY S/HOURS (TOTAL OF WEEKEND, VACATION, HOLIDAY, AND SICK DAYS/HOURS)	Days/Hours	Days/Hours		
C. NUMBER OF WORKDAYS/HOURS (LINE 2A MINUS 2B)	Days/Hours	Days/Hours		
D. NUMBER OF DAYS/HOURS WORKED OUTSIDE PHILADELPHIA IN LINE 2C	Days/Hours	Days/Hours		
E. PERCENTAGE OF TIME WORKED OUTSIDE PHILADELPHIA (LINE 2D DIVIDED BY 2C)	%	%		
F. COMPENSATION EARNED OUTSIDE PHILADELPHIA (LINE 1 X LINE 2E)				
G. NON-REIMBURSABLE BUSINESS EXPENSES, IF ANY (100% MINUS LINE 2E X EXPENSES) (SEE INSTRUCTIONS -- ATTACH A COPY OF FEDERAL FORM #2106)				
H. NON-TAXABLE INCOME/ALLOWABLE EXPENSES (LINE 2F + LINE 2G)				
3. COMPUTATION OF TAXABLE COMPENSATION AND/OR ALLOWABLE EXPENSES FOR EMPLOYEES PAID ON A COMMISSION BASIS				
A. TOTAL SALES				
B. SALES OUTSIDE OF PHILADELPHIA				
C. PERCENTAGE OF SALES OUTSIDE OF PHILADELPHIA (LINE 3B DIVIDED BY LINE 3A)	%	%		
D. COMMISSIONS EARNED OUTSIDE OF PHILADELPHIA (LINE 1 X LINE 3C)				
E. NON-REIMBURSABLE BUSINESS EXPENSES, IF ANY (100% LESS LINE 3C X EXPENSES) (SEE INSTRUCTIONS -- ATTACH A COPY OF FEDERAL FORM #2106)				
F. NON-TAXABLE COMMISSIONS/ALLOWABLE EXPENSES (LINE 3D + LINE 3E)				
4. TAXABLE COMPENSATION (LINE 1 MINUS LINE 2H AND/OR LINE 3F)				
5. TAX DUE (LINE 4 X APPLICABLE RATE) <b>SEE RATES ON BACK</b>				
6. TOTAL TAX DUE (LINE 5, COLUMN A + LINE 5, COLUMN B)				
7. TAX WITHHELD PER W-2(S) AND/OR TAX PREVIOUSLY PAID				
8. REFUND (LINE 7 MINUS LINE 6) FEDERAL LAW REQUIRES THE CITY TO REPORT THIS AMOUNT, THE EMPLOYEE'S NAME, ADDRESS AND SOCIAL SECURITY NUMBER TO THE INTERNAL REVENUE SERVICE.				
<b>CERTIFICATION BY EMPLOYER</b> <i>I certify that the facts shown above supporting employee's claims are correct based on available payroll records.</i>				
AUTHORIZED OFFICIAL SIGNATURE	PRINTED NAME	DAYTIME TELEPHONE NUMBER		
<i>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 such penalties as may be prescribed by City Ordinance.</i>				
TAXPAYER SIGNATURE	DATE	DAYTIME TELEPHONE NUMBER		