4398

Please print your numbers like this:

0 1 2 3 4 5 6 7 8 9
PRINT YOUR NUMERALS LIKE THIS

Due Date: April 15, 1999
CITY OF PHILADELPHIA SCHOOL INCOME TAX
1998

Your Social Security #

Enter name/address changes on back of form.
If taxpayer is deceased, enter date of death: _____

1. Net Taxable Dividends (see instructions)	, , .00
2. Taxable Interest (see instructions)	, , .00
3. "S" Corporation Distributions	, , .00
4. Limited Partnership Income (if "loss", "0")	, , .00
5. Taxable Income Received as a Beneficiary from an Estate or Trust (see instructions)	, , .00
6. Net Short Term Capital Gains (if "loss", "0") (Held 6 months or less)	, , .00
7. Net Rental Income (if "loss", "0")	, , .00
8. Other Taxable Income (see instructions)	, , .00
9. Total Taxable Income (add lines 1 through 8)	, , .00
10. Deductible Expenses (see instructions)	, , .00
11. Total Taxable Income (line 9 less line 10)	, , .00
12. Tax Due (4.6869% of line 11)	, , .00

DO NOT DETACH

Name: Social Security #: Year:
Address: City: State: Zip:

(A.) Taxable Income (Line 11 above)	(B.) Tax due (Line 12 above)	(C.) Interest & Penalty (SEE CHART ON BACK)	(D.) Total Due (block "B" & "C") Check Payable to "City Of Phila."

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.

Signature: _____ Date: _____ Daytime Phone: _____

Preparer's Signature: _____ Phone: _____