

**CITY OF PHILADELPHIA • DEPARTMENT OF REVENUE  
REFUND PETITION**

*For all refunds except Individual Employee Wage Tax*

**SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION.**

1. PETITIONER'S NAME <i>(First Name, Middle Initial, Last Name)</i>		PETITION NUMBER <i>(Office use only)</i>	
2. BUSINESS NAME		4. SOCIAL SECURITY NUMBER	
3. MAILING ADDRESS		5. FEDERAL EMPLOYER IDENTIFICATION NO.	
CITY	STATE	ZIP CODE	

6. PROPERTY ADDRESS *(For Real Estate, Water, Commercial Waste and Business Use & Occupancy Refunds **only**)*

7. PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS
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8. REFUND TYPE *(Check all that apply and list below. For Wage Tax, Real Estate Tax and Other, see important information on reverse.)*


<input type="checkbox"/> Wage Tax	<input type="checkbox"/> Business Privilege Tax	<input type="checkbox"/> Net Profits Tax	<input type="checkbox"/> Business Use & Occupancy Tax
<input type="checkbox"/> Parking Tax	<input type="checkbox"/> Liquor Tax	<input type="checkbox"/> Water/Sewer	<input type="checkbox"/> Real Estate Tax
<input type="checkbox"/> Hotel Tax	<input type="checkbox"/> Amusement Tax	<input type="checkbox"/> School Income Tax	<input type="checkbox"/> Licenses and Permits
<input type="checkbox"/> Tobacco Tax	<input type="checkbox"/> Commercial Waste	<input type="checkbox"/> Police Services	<input type="checkbox"/> Departmental Payments
<input type="checkbox"/> Other (specify) _____			

A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM	A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM

9. REASON FOR THIS REFUND PETITION

*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 penalties as prescribed by law.*

PETITIONER'S SIGNATURE	DATE
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<p><b>MAIL COMPLETED REFUND PETITION TO: OR FAX TO: 215-686-6228 CITY OF PHILADELPHIA DEPARTMENT OF REVENUE P.O. BOX 1137 PHILADELPHIA, PA 19105-1137</b></p>	<p><b>REFUND INFORMATION: TELEPHONE: 215-686-6574, 6575, 6578 FAX: 215-686-6228 E-MAIL: revenue@phila.gov INTERNET: www.phila.gov/revenue</b> </p>
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## Instructions for Completing the Refund Petition

This form is to be used for **all** refund requests except Individual Employee Wage Tax. If you need to file an individual employee wage petition, refer to the contact information on the front of this form. **Employers** must use this petition for withheld wage tax refund requests.

1. **Individuals** - Enter the name of the petitioner.
2. **Business Name** - For non-individual petitioners, enter the name of the entity.
3. **Mailing Address** - Enter the address where the refund is to be mailed.
- 4 and 5. **Social Security and Federal Employer Identification Numbers** - Individuals must enter a Social Security number. All other entities must enter a Federal Employer Identification Number.
6. **Property Address** - This is required for all Real Estate, Water/Sewer, Commercial Waste and Business Use & Occupancy petitions. Enter the address of the property for which the refund is being requested.
7. **Contact Information** - Provide a phone number, fax number and e-mail address where you can be reached.
8. **Refund Type** - Check the appropriate block(s). If the type is not listed on the front of this form, check "Other" and specify the type of refund requested. A single Refund Petition may be used for multiple tax types and years.
  - A. **Tax Account Number** - Enter the tax specific account number(s).
  - B. **Tax Years and/or Tax Periods** - If tax is an annual tax, enter year. If tax is periodic, e.g., quarterly or monthly, enter period(s) and year(s).
  - C. **Amount of Claim** - Enter the amount of the refund requested.
9. **Reason for Refund** - Enter reason for refund. If you have additional documentation, attach to this petition.

**Wage Tax** - Additional information is required before a decision can be made on your refund request. Provide a letter on company letterhead (signed by an officer of the company) stating that the additional tax withheld has been returned to the employees. If your refund request is resulting from a duplicate payment, provide supporting documentation. If you have questions about your filing requirements, application of payments or tax balances, call Taxpayer Services at 215-686-6600.

**Real Estate** - Refund requests must be accompanied by a copy of the front and back of the canceled check(s). If the refund is due to a sale of the property or refinancing, you must also supply a copy of the settlement sheet. Mortgage companies must supply a copy of the disbursement/check listing.

**This petition must be signed and dated!** If you have any questions regarding the preparation of this petition, see the contact information on the front of this form.

**OFFICE USE ONLY - Licenses and Permits; Interdepartmental Refunds and Other** - All petitions must include the signature and title of the Department's authorized designee, along with the Fund, Source and Index Code of the payment in addition to the petitioner's signature.