Executive Order No. 2 - 10

Tax Clearance Requirements for Board Members

WHEREAS, the citizens of The City of Philadelphia (the "City") have a right to expect that board members appointed by the City to serve on City boards and commissions are fully and currently compliant with requirements for payment of taxes, debts, fees, judgments, claims, and other accounts and financial obligations due and owing to the City and do not violate the laws and ordinances that require them to pay taxes and other charges (the "Tax Laws"), including charges due to the Philadelphia Gas Works ("PGW"); and

WHEREAS, as a condition of employment as set forth in Administrative Board Rule 50, the City requires all newly hired exempt employees to pay all financial obligations due and owing to the City as they come due or pursuant to a payment agreement or the payroll deduction program; and

WHEREAS, as a condition of employment set forth in Civil Service regulation 11.14, the City requires all newly hired Civil Service employees to be in such compliance at the time of hire, ; and

WHEREAS, the City has had a very successful program for more than two decades matching delinquencies with the City’s Vendor Payment System to ensure that City Vendors are in compliance or the City Vendor is not hired or paid; and

WHEREAS, it is in the City’s interests and that of the public to extend aspects of these requirements to all appointees to City boards and commissions, whether or not they are full-time employees;

NOW, THEREFORE, by the powers vested in me in accordance with the Philadelphia Home Rule Charter, it is hereby ORDERED that:

1. All persons serving on any City board or commission shall, at all times, be in full compliance with the Tax Laws and all City fines and fees or shall have entered into a voluntary payment agreement with the City or PGW. Any member of a board or commission who is not in full compliance with the Tax Laws and is not party to a voluntary payment agreement shall tender his or her resignation within ten (10) days of becoming non-compliant, or shall be subject to immediate removal for cause.

2. The appointing authority or a designee shall provide to each appointee to a City board or commission a Tax Clearance Application, prior to appointment and annually thereafter on the first day of April or such other date as the Revenue Commissioner may determine, in the form attached hereto or in such other form as the Revenue Commissioner may require.

3. The Department of Revenue shall issue a Compliance Status Notice to each appointee which will certify that the appointee is compliant (which may include being party to a voluntary
payment agreement) or, if not compliant, will provide instructions to the appointee on how to
cure the deficiency. Within two weeks of receipt of such instructions, the appointee shall cure
the deficiency or enter into a payment agreement in a form acceptable to the City of
Philadelphia, after which the Department of Revenue shall issue a revised Compliance Status
Notice.

4. Within one week of receipt of the Compliance Status Notice and, for existing appointees, by
the first of May, each year, each appointee shall submit to the appointing authority or designee a
copy of the Compliance Status Notice.

5. Any person who is determined to be non-compliant and does not take the steps to become
compliant prior to appointment will not be considered for appointment to a City board or
commission.

6. This Order shall be effective immediately with respect to new appointments, and shall be
effective in twenty (20) days with respect to members appointed prior to the date of this Order.

DATE 7/6/10

MICHAEL A. NUTTER, MAYOR
City of Philadelphia - Department of Revenue
TAX CLEARANCE APPLICATION

1. Applicant's Principal Address/Information - Please Print Clearly

Applicant Name
Daytime Phone No. (   )

Street Address

City
State
Zip Code

Phone Number (   )
Fax Number (   )
Mobile Number (   )

Email Address
Web URL

2. Applicant's Business Address In Pennsylvania (if applicable)

Applicant's Business Address

City
State
Zip Code

Email Address
Fax Number (   )
Mobile Number (   )

Email Address
Web URL

3. Applicants Business Affiliation

☐ Corporation
☐ Single Member LLC
☐ Estate

☐ Partnership
☐ Tax Exempt Organization
☐ Sole Proprietor

☐ Individual
☐ Trust

Business Name

Business Address

4. Tax Clearance Reason

☐ City Contract
☐ Subcontract
☐ Appointment to a Board, Commission, Committee

Business Name

Business Address

Board, Commission, or Committee to be Appointed

5. Applicant Tax Reference Numbers - If Applicable

City Tax Identification Number: Date Business Incorporated

Federal Tax Identification Number:

Social Security Number:

5. Member of a Partnership or Corporation - If Applicable

Please give the following detail in respect of any partnership or corporation, of which you are, or were, a member.

Name of partnership or corporation

Applicant period of membership

Name of partner(s) Partner's Social Security Number

Use additional sheets as necessary

Signature Date
TAX INFORMATION CLEARANCE RELEASE FORM

COMPLETION OF THIS FORM IS A CONDITION OF THIS APPOINTMENT AND THE PHILADELPHIA DEPARTMENT OF REVENUE WILL REVIEW THE TAX RECORDS OF THE PERSON AND/OR ENTITY AS PART OF THE BOARD OR COMMITTEE MEMBER. YOUR SIGNATURE ALLOWS THE DEPARTMENT OF REVENUE TO PROVIDE INFORMATION REGARDING YOUR TAX COMPLIANCE STATUS TO THE BOARD/COMMITTEE AND ITS AUTHORIZED INVESTIGATORY AGENTS.

_________________________________________________________  ______________________________________________________________
NAME AS LISTED ON TAX RETURN  EMPLOYER IDENTIFICATION NUMBER/TAX IDENTIFICATION NUMBER/SOCIAL SECURITY NUMBER

_________________________________________________________  ______________________________  ______________________________
ADDRESS  CITY  STATE  ZIP CODE

I CERTIFY THAT I AM THE INDIVIDUAL WHOSE TAX RECORDS ARE TO BE REVIEWED. IF THE TAX RECORDS ARE FOR AN ENTITY, I CERTIFY THAT I AM THE AUTHORIZED SIGNATORY OF THE APPLICANT.

_________________________________________________________  ______________________________
CEO/APPLICANT SIGNATURE  TELEPHONE NUMBER

_________________________________________________________
DATE