



**CITY OF PHILADELPHIA
ANNUAL RECONCILIATION OF 2015
EMPLOYEE EARNINGS TAX
DUE DATE APRIL 18, 2016**



SOCIAL SECURITY NUMBER

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Taxpayer Name and Address _____

DO NOT FILE THIS RETURN if tax was 100% withheld on all compensation by your employer. If tax was overwithheld by your employer, file the Employee Wage Tax Refund Petition available at www.phila.gov/revenue.

Cancel this account by entering the termination date AND file a CHANGE FORM.

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YOU MUST USE A CHANGE FORM TO REPORT A CHANGE OF ADDRESS.

IF YOU ARE NOT ELIGIBLE FOR PA 40 SCHEDULE SP, YOU ARE NOT ELIGIBLE FOR INCOME-BASED TAXATION AND CANNOT USE LINES 5, 8, 11, OR 14.

If this is an amended return place an "X" here:

1. Gross Compensation received in 2015. Enclose 2015 W-2 form(s).....	1.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
2. Non-taxable gross compensation from Page 2, Line 5.....	2.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
3. Gross taxable compensation (Line 1 minus Line 2).....	3.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
4. Taxable Gross Compensation received by a <u>resident</u> of Philadelphia January 1, 2015 to June 30, 2015.....	4.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
5. Taxable Gross Compensation, eligible for Income-based Rate, received by a <u>resident</u> of Philadelphia January 1, 2015 to June 30, 2015.....	5.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
6. Tax Due (Line 4 times .0392 OR Line 5 times .0342 if claiming Income-based rate.).....	6.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
7. Taxable Gross Compensation received by a <u>resident</u> of Philadelphia July 1, 2015 to December 31, 2015.....	7.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
8. Taxable Gross Compensation, eligible for Income-based Rate, received by a <u>resident</u> of Philadelphia July 1, 2015 to December 31, 2015.....	8.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
9. Tax Due (Line 7 times .039102 OR Line 8 times .034102 if claiming Income-based rate).....	9.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
10. Taxable Gross Compensation received by a <u>nonresident</u> of Philadelphia January 1, 2015 to June 30, 2015.....	10.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
11. Taxable Gross Compensation, eligible for Income-based Rate, received by a <u>nonresident</u> of Philadelphia January 1, 2015 to June 30, 2015.....	11.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
12. Tax Due (Line 10 times .034915 OR Line 11 times .029915 if claiming Income-based rate).....	12.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
13. Taxable Gross Compensation received by a <u>nonresident</u> of Philadelphia July 1, 2015 to December 31, 2015.....	13.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
14. Taxable Gross Compensation, eligible for Income-based Rate, received by a <u>nonresident</u> of Philadelphia July 1, 2015 to December 31, 2015.....	14.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
15. Tax Due (Line 13 times .034828 OR Line 14 times .029828 if claiming Income-based rate).....	15.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
16. Total amount of Tax Due (Add Lines 6, 9, 12 and 15).....	16.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
17. Any Philadelphia wage tax withheld by employer per enclosed W-2 forms. If Line 17 is greater than Line 16 file an Employee Wage Tax Petition for this amount.....	17.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
18. Tax balance due. (Line 16 minus Line 17. Cannot be less than zero.).....	18.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
19. Tax that you, not your employer , previously paid for 2015. (Not included on W-2 forms).....	19.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
20. TAX DUE If Line 18 is greater than Line 19, enter here and in the Tax Due box of the Payment Coupon.....	20.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
21A. If Line 18 is less than Line 19, enter amount to be: REFUNDED. Do not file a separate Refund Petition. Enclose W-2 forms.....	21A.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
21B. Amount of overpayment to be APPLIED to the 2016 Earnings Tax Return.....	21B.	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.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 # _____