CITY OF PHILADELPHIA 2016 SCHOOL INCOME TAX DUE DATE: APRIL 18, 2017

Preparer Signature_



Your Social Security Number										

Taxpa	yer Name and Address		Spou	se's Social Security Number
DO NO	T REPORT NEGATIVE NUMBERS ON THIS RETUR	!N		nline or download forms at ww.phila.gov/revenue.
OU MI	UST USE THE CHANGE FORM TO REPORT A CHAI	NGE OF ADDRESS.	If this is an amen	ded return place an "X" here:
you were a partial year resident in 2016, efer to page 1 of instructions and enter dates of residency			mm-dd-	yy to mm-dd-yy
you n	o longer have income subject to School Income Ta	x enter the termination date AN	<u>D</u> file a CHANGE FO	DRM. mm - dd - yyyy
1.	Net Taxable Dividends (School Income Tax Re	gulation 203(a))	1.	.00
2.	Taxable Interest (Reg. 203(b))		2.	.00
3.	"Subchapter S" Corporation Income Distribution	າ (Regs. 202 and 203)	3.	.00
4.	Limited Partnership Income (Reg. 203(i)). If los	ss, enter "0" (zero)	4.	.00
5.	Taxable Income received by a Beneficiary of ar	Estate or Trust (Reg. 205)	5.	.00
6.	Net Short Term Capital Gains (held 6 months If loss, enter "0" (zero)			.00
7.	Net Rental Income (Reg. 203(c)). If loss, enter	"0" (zero)	7.	.00
8.	Other Taxable Income (Reg. 203(e, f, g and h))		8.	.00
9.	Total Taxable Income (Add lines 1 through 8)		9.	.00
10.	Deductible Expenses (cannot exceed line 9) (Reg. 204(a))	10.	.00
11.	Net Taxable Income (Subtract line 10 from line	9)	11.	.00
12.	Gross Tax Due (Multiply line 11 by .039004)		12.	.00
13.	Credit from overpayment of prior year or tax prewith an extension coupon	viously paid	13.	.00
14.	TAX DUE If Line 12 is greater than Line 13, en and on the PAYMENT COUPON		14.	.00
15A	PAYMENT OPTIONS If Line 12 is less than Lin- REFUNDED. Do not file a separate Refund I	e 13, enter the amount to be:	154	.00
IJA.	OR	- etition	15A.	.00
15B.	APPLIED to the 2017 School Income Tax		15B.	.00
	Under penalties of perjury, as set forth in 18 and accompanying statements and schedule	PA C.S. §§ 4902-4903 as amend es, and to the best of my knowledg	ded, I swear that I ha le and belief, they are	ve reviewed this return e true and complete.
٦	axpayer Signature	Date	Phor	ne #
S	Spouse's Signature	Date	Phone	e #

Date_

Phone #