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| CITY OF PHILADELPHIA • DEPARTMENT OF REVENUE REFUND PETITION <i>For all refunds except Individual Employee Wage Tax</i> | | | | PETITION NUMBER (Office use only) | | |
| | | | | FUND | SOURCE | INDEX |
| SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION. | | | | | | |
| 1. PETITIONER'S NAME (First Name, Middle Initial, Last Name) | | | | | | |
| 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 <u>only</u>) | | | | | | |
| 7. PHONE NUMBER | | | FAX NUMBER | | E-MAIL ADDRESS | |
| 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 Income & Receipts Tax * <input type="checkbox"/> Net Profits Tax <input type="checkbox"/> Business Use & Occupancy Tax <input type="checkbox"/> Parking Tax <input type="checkbox"/> Amusement Tax <input type="checkbox"/> Water/Sewer <input type="checkbox"/> Liquor Tax <input type="checkbox"/> Hotel Tax <input type="checkbox"/> Commercial Waste <input type="checkbox"/> School Income Tax <input type="checkbox"/> Licenses and Permits <input type="checkbox"/> Tobacco Tax <input type="checkbox"/> Earnings Tax <input type="checkbox"/> Police Services <input type="checkbox"/> Departmental Payments <input type="checkbox"/> Real Estate Tax <input type="checkbox"/> Other (specify) _____ | | | | | | |
| * Business Income & Receipts Tax prior to 2012 was known as Business Privilege Tax. | | | | | | |
| 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 | |
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| 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 | |
| AUTHORIZED SIGNATURE FOR OTHER DEPARTMENT | | | | TITLE | DATE | |
| MAIL COMPLETED REFUND PETITION TO: OR FAX TO: 215-686-6228 CITY OF PHILADELPHIA DEPARTMENT OF REVENUE P.O. BOX 53360 PHILADELPHIA, PA 19105 | | | | REFUND INFORMATION: TELEPHONE: 215-686-6574, 6575, 6578 FAX: 215-686-6228 E-MAIL: refund.unit@phila.gov INTERNET: www.phila.gov/revenue | | |