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  (First Name, Middle Initial, Last Name)

2. BUSINESS NAME

3. MAILING ADDRESS

4. SOCIAL SECURITY NUMBER

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

8. REFUND TYPE  (Check all that apply and list below. For Wage Tax, Real Estate Tax and Other, see important Information on reverse.)

- Wage Tax
- Business Income & Receipts Tax *
- Net Profits Tax
- Business Use & Occupancy Tax
- Parking Tax
- Amusement Tax
- Water/Sewer
- Liquor Tax
- Hotel Tax
- Commercial Waste
- School Income Tax
- Licenses and Permits
- Tobacco Tax
- Earnings Tax
- Police Services
- Departmental Payments

* 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

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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: 215-686-6674, 6675, 6578
FAX: 215-686-6228
E-MAIL: refund.unit@phila.gov
INTERNET: www.phila.gov/revenue

03-A-16 (Rev 11-4-2012)