

City of Philadelphia Department of Revenue

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|--------------------------------|-------|
| FOR DEPARTMENT USE ONLY | |
| Application No. | _____ |
| Date Received | _____ |
| Time Received | _____ |

Application for ISSUANCE of Credit for Employment of Returning Veterans of the Armed Forces (Philadelphia Code §19-2604(13))

(NOTE: This application should **only** be submitted by a business that has also submitted an “Employer Application to Participate in the Credit for Employment of Returning Veterans of the Armed Forces” **and** a “Request for Certification of Qualifying Employee(s).”)

Applicant’s Name: _____

Business Address: _____

Contact Person: _____ **Telephone Number:** _____

Philadelphia Business Tax Account No.: _____ **FEIN or SSN:** _____

Certification Statement: To be signed by an authorized representative of the applicant.

The undersigned representative for the applicant hereby certifies the following:

- Each Veteran listed on the attachments – Worksheet A and/or Worksheet B – has been certified by the City of Philadelphia Department of Revenue (“Department) as a “Qualifying Full-Time Employee” or “Qualifying Part-Time Employee” and has been employed by the business for more than six (6) months.
- The Department will be notified within one (1) week after any Qualifying Employee is no longer employed by the business; such notification shall include an explanation as to why the Qualifying Employee’s employment terminated.
- As of _____ (date), the business is eligible for the issuance of the Credit for Employment of Returning Veterans of the Armed Forces tax credits totaling \$_____.

I hereby certify that all information contained in this application and the attachments are true and correct to the best of my knowledge.

Authorized Signature: _____ **Date:** _____

Authorized Representative (Print): _____

Title of Representative: _____

Representative’s Address: _____

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Tax Credit Amount Approved: _____

Tax Credit Processed: _____

Approved By (Name/Date): _____

Unused Tax Credit: _____

CITY OF PHILADELPHIA – DEPARTMENT OF REVENUE

CREDIT for EMPLOYMENT of RETURNING VETERANS of the ARMED FORCES

Taxpayer's Name: _____ **FEIN or SSN** _____

Tax Credit Calculation Worksheet Summary

Tax Credit Calculated: _____
(Worksheet A and/or Worksheet B must be attached)

Tax Credit Amount Claimed: _____
(Reference Instructions)

Business Income and Receipts Tax Year: _____
(Reference Instructions)

| | <u>Number of Employees:</u> | <u>Tax Credit Calculated:</u> | <u>Tax Credit Claimed:</u> |
|--------------------------------|--|--|---------------------------------------|
| Qualifying Full-Time Employees | _____ | _____ | _____ |
| Qualifying Part-Time Employees | _____ | _____ | _____ |
| Total | _____ | _____ | _____ |

We acknowledge that the Department may request to examine the books and records (i.e., payroll records, employment contracts, benefit packages, etc.) used to prepare and submit the information contained in this document. We acknowledge that any unused tax credit may be carried forward for three years from the initial date of hire of the Qualifying Full-Time Employee or Qualifying Part-Time Employee for which the tax credit was calculated.

Preparer: _____ **Title:** _____
(Signature)

Print Name: _____ **Date:** _____

CITY OF PHILADELPHIA – DEPARTMENT OF REVENUE

CREDIT for EMPLOYMENT of RETURNING VETERANS of the ARMED FORCES

Instructions for Requesting and Claiming the Tax Credit

- **For issuance of and to claim the tax credit, the business must submit the following documents to the Department:**
 1. Signed and completed Application for Issuance of the Credit for Returning Veterans of the Armed Forces;
 2. Worksheet attachment that lists each Qualifying Full-Time and Qualifying Part-Time Employee for which the tax credit was calculated – including name, social security number (SSN), dates of hire and termination, employment location, tax credit amount calculated, tax credit amount claimed, unused tax credit;
Note: If multiple hiring and termination dates are applicable to a Qualifying Employee, either within the same Tax Year or over multiple Tax Years, the various hiring and termination dates within the Tax Year(s) must be specified on the worksheet.
- Upon review of the tax credit calculations, you will be notified accordingly by the Department.
- To claim the tax credit, you **must** submit the original copy of Business Income and Receipts Tax Return, for which the credit is being claimed, directly to the Tax Credit & Assistance Programs unit in order to have the tax credit processed. **OTHERWISE**, the tax credit will not get processed. **The tax credit and applicable Business Income and Receipts Tax Return have to be manually processed.**
- A business shall not receive the tax credit if the business is not in compliance with all applicable Philadelphia tax laws, ordinances and regulations.
- Unused tax credits may be carried forward for three (3) years from the initial date of hire of the Qualifying Employee. Unused tax credits that expire within a given Tax Year may be used for that Tax Year.
- **NOTE:** Failure to submit **any** of the required documents or documentation will result in delays in the issuance and processing of the Tax Credit.

Mail completed application, forms and all other required documents to:

City of Philadelphia – Department of Revenue
Tax Credit & Assistance Programs unit
Municipal Services Building – Room 480
1401 John F. Kennedy Blvd.
Philadelphia, PA 19102