DO NOT REPORT NEGATIVE NUMBERS ON THIS RETURN

If your business terminated in 2019, enter the termination date AND file a CHANGE FORM.

YOU MUST USE THE CHANGE FORM TO REPORT A CHANGE OF ADDRESS OR TO CANCEL THIS ACCOUNT.

A. Enter the number of Philadelphia Residents for whom wage tax was remitted for the pay period including March 12, 2019. A.

B. Enter the number of nonresidents (employees living outside Philadelphia city limits) for whom wage tax was remitted for the pay period including March 12, 2019. B.

C. Total number of employees for all company locations reported on the Employer’s Federal Quarterly Tax Return for the first quarter of 2019 (for the pay period including March 12, 2019). C.

D. Number of employees working at company locations within Philadelphia city limits, for the pay period including March 12, 2019. D.

1. Gross Compensation per W-2 forms for all employees. 1.
3. Taxable income paid to employees earning tips on which City Wage Tax was not withheld. 3.
4. Gross Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 - [Line 2 + Line 3]). 4.
5. Taxable Gross Compensation paid to residents of Philadelphia January 1, 2019 to June 30, 2019. 5.
7. Taxable Gross Compensation paid to residents of Philadelphia July 1, 2019 to December 31, 2019. 7.
8. Tax Due (Line 7 times .038712). 8.
11. Taxable Gross Compensation paid to nonresidents of Philadelphia July 1, 2019 to December 31, 2019. 11.
12. Tax Due (Line 11 times .034481). 12.
15. ADDITIONAL TAX DUE If Line 13 is greater than Line 14, enter the amount here .......... 15.
16. TAX OVERPAID If Line 14 is greater than Line 13, enter the amount here. 16.

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 #_________________________