	City Account Number
ANNUAL RECONCILIATION OF 2019 EMPLOYER WAGE TAX DUE DATE: MARCH 2, 2020	1 9 Federal Identification Number
Taxpayer Name and Address	
	To file online, go to <u>https://ework.phila.gov/revenue</u>
NOT REPORT NEGATIVE NUMBERS ON THIS RETURN	
ur business terminated in 2019, enter the termination date AND file a CHANG	
I MUST USE THE CHANGE FORM TO REPORT A CHANGE OF ADDRESS OR CANCEL THIS ACCOUNT.	If this is an amended return place an "X" here
Enter the number of Philadelphia Residents for whom wage tax was rem March 12, 2019	
Enter the number of nonresidents (employees living outside Philadelph was remitted for the pay period including March 12, 2019	nia city limits) for whom wage tax
Total number of employees for all company locations reported on the Tax Return for the first quarter of 2019 (for the pay period including Marc	ch 12, 2019) C.
Number of employees working at company locations within Philadelp including March 12, 2019	ohia city limits, for the pay period D.
Gross Compensation per W-2 forms for all employees	1.
Non-Taxable Gross Compensation included in Line 1. (Paid to nonresidents working outside of Philadelphia)	2.
was not withheld	
withheld or due (Line 1 - [Line 2 + Line 3])	as 4.
Taxable Gross Compensation paid to <u>residents</u> of Philadelphia January 1, 2019 to June 30, 2019	
Tax Due (Line 5 times .038809)	
Taxable Gross Compensation paid to <u>residents</u> of Philadelphia July 1, 2019 to December 31, 2019	
Tax Due (Line 7 times .038712)	
Taxable Gross Compensation paid to <u>nonresidents</u> of Philadelphia January 1, 2019 to June 30, 2019	and the second
Tax Due (Line 9 times .034567)	
July 1, 2019 to December 31, 2019	11.
Tax Due (Line 11 times .034481)	12.
Total Tax Due (Add Lines 6, 8, 10 and 12)	13.
Tax previously paid for 2019	
ADDITIONAL TAX DUE If Line 13 is greater than Line 14, enter the amo TAX OVERPAID If Line 14 is greater than Line 13, enter the amount her See instructions	10.

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 #__



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