2021 SCHOOL INCOME TAX

CITY OF PHILADELPHIA - DEPARTMENT OF REVENUE

DUE DATE: APRIL 18, 2022

Entity Classification (**MUST** select one): ☐ Trust ☐ Individual/ Sole Proprietor

PHTIN

EIN

SSN

Business Name

First Name | **MI** | **Last Name** | **Taxpayer E-mail Address**

Street Address | **Apt / Suite** | **City** | **State** | **Zip / Postal Code**

SPOUSE'S INFO IF APPLIES: **Spouse's SSN** | **Spouse's First Name** | **MI** | **Spouse's Last Name**

If you were a partial year resident in 2021, refer to page 1 of instructions and enter dates of residency here: __ - __ - ____ **to** __ - __ - ____

Check Box If Applies: ☐ Address Change ☐ Amended Return ☐ Final Return: *(add Cease Date)* __ - __ - ____

1. Net Taxable Dividends (School Income Tax Regulation 203(a)).....1.
2. Taxable Interest (Reg. 203(b)).....2.
3. "Subchapter S" Corporation Income Distribution (Regs. 202 and 203).....3.
4. Limited Partnership Income (Reg. 203(i)). If loss, enter "0" (zero).....4.
5. Taxable Income received by a Beneficiary of an Estate or Trust (Reg. 205).....5.
6. Net Short Term Capital Gains **(held 6 months or less)** (Reg. 203(d) and 204(b)). If loss, enter "0" (zero).....6.
7. Net Rental Income (Reg. 203(c)). If loss, enter "0" (zero).....7.
8. Other Taxable Income (Reg. 203(e, f, g and h)).....8.
9. Total Taxable Income (Add lines 1 through 8).....9.
10. Deductible Expenses **(cannot exceed line 9)** (Reg. 204(a)).....10.
11. Net Taxable Income (Subtract line 10 from line 9).....11.
12. Gross Tax Due (Multiply line 11 by .038398).....12.
13. Credit from overpayment of prior year or tax previously paid with an extension coupon.....13.
14. **TAX DUE** If Line 12 is greater than Line 13, enter the difference here and on the **PAYMENT COUPON**.....14.

OVERPAYMENT OPTIONS If Line 12 is less than Line 13, enter the amount to be:

15A. ***REFUNDED***. **Do not file a separate Refund Petition.**.....15A.

OR

15B. ***APPLIED*** to the 2022 School Income Tax.....15B.

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 #_____

Spouse's Signature_____ Date_____ Phone #_____

Preparer Signature_____ Date_____ Phone #_____