

# 4th Quarter Reconciliation Of Employer Wage Tax for 2022

Entity Classification (MUST select one):

☐ Trust ☐ Individual/ Sole Proprietor ☐ Corporation ☐ Partnership ☐ Estate ☐ Government ☐ Non-Profit ☐ Disregarded Entity

Business Name

**2022 Q4 WAGE**

DUE DATE: JANUARY 31, 2023

PHTIN

EIN



First Name

MI

Last Name

Street Address

Apt / Suite

City

State

Zip / Postal Code

Taxpayer E-mail Address

**Check Box If Applies:**

☐ Address Change

☐ Amended Return

☐ Final Return:  
(add Cease Date)

- A. Enter the number of Philadelphia Residents for whom wage tax was remitted for the quarter..... A.
- B. Enter the number of **nonresidents** (employees living outside Philadelphia city limits) for whom wage tax was remitted for the quarter..... B.
- C. Total number of employees for **all company locations** reported on the Employer's Federal Quarterly Tax Return..... C.
- D. Number of employees working **at company locations within Philadelphia city limits**, this quarter (Line A + Line B)..... D.
1. Gross Compensation for all employees..... 1.
2. Non-Taxable Gross Compensation included in Line 1.  
(Paid to nonresidents working outside of Philadelphia)..... 2.
3. Taxable income paid to employees earning tips on which City Wage Tax was not withheld..... 3.
4. Gross Compensation 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 October 1, 2022 to December 31, 2022**..... 5.
6. Tax Due (Line 5 times .037900)..... 6.
7. **Taxable Gross Compensation paid to nonresidents of Philadelphia October 1, 2022 to December 31, 2022**..... 7.
8. Tax Due (Line 7 times .034400)..... 8.
9. **Total Tax Due** (Add Line 6 and Line 8)..... 9.
10. **Tax previously paid for 2022**..... 10.
11. **ADDITIONAL TAX DUE** If Line 9 is greater than Line 10, enter the amount here..... 11.
12. **TAX OVERPAID** If Line 10 is greater than Line 9, enter the amount here.  
See instructions..... 12.

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 # \_\_\_\_\_

