2022 SCHOOL INCOME TAX CITY OF PHILADELPHIA - DEPARTMENT OF REVENUE

DUE DATE: APRIL 18, 2023

| PHTIN | |
|-------|--|
| EIN | |
| SSN | |

| First Name | MI | Last Name | Taxpayer E-mail Address | | |
|---|--|---|-------------------------|--|--|
| Street | Address | Apt / Suite | City | State Zip / Postal Code | |
| | Spouse's SSN | Spouse's First Name | MI | Spouse's Last Name | |
| SPOUSE'S INFO IF APPLIES: | | | | · | |
| If you were a partial year resignage 1 of instructions and en | | here: | to | | |
| Check Box If Applies: | Address Change | Amended Return Final Return (add Cease) | | | |
| 1. Net Taxable Dividends | (School Income Tax | Regulation 203(a)) | | | |
| 2. Taxable Interest (Reg. : | 203(b)) | | | | |
| 3. "Subchapter S" Corpora | ation Income Distribu | tion (Regs. 203(j)) | 3. | | |
| 4. Limited Partnership Income (Reg. 203(i)). If loss, enter "0" (zero) | | | | | |
| 5. Taxable Income receive | ed by a Beneficiary o | f an Estate or Trust (Reg. 205) | 5. | | |
| | | hs or less) (Reg. 203(d) and 204(b | | | |
| 7. Net Rental Income (Re | g. 203(c)). If loss, er | nter "0" (zero) | 7. | | |
| 8. Other Taxable Income. | | | 8. | | |
| 9. Total Taxable Income (| Add lines 1 through 8 | 3) | 9. | | |
| 10. Deductible Expenses (| cannot exceed line | 9) (Reg. 204(a)) | 10. | | |
| 11. Net Taxable Income (S | ubtract line 10 from l | ine 9) | 11. | | |
| 12. Gross Tax Due (Multipl | y line 11 by .037900) |) | 12. | | |
| 13. Credit from overpayment of prior year or tax previously paid with an extension coupon | | | | | |
| 14. <u>TAX DUE</u> If Line 12 is greater than Line 13, enter the difference here and on the <u>PAYMENT COUPON</u> | | | | | |
| | | | | | |
| VERPAYMENT OPTIONS If Line 12 is less than Line 13, enter the amount to be: 15A. REFUNDED. Do not file a separate Refund Petition | | | | | |
| | OR | | | | |
| 15B. APPLIED to the 2023 \$ | School Income Tax | | 15b | | |
| Under penalties of and accompanying | f perjury, as set forth in g statements and sched | 18 PA C.S. §§ 4902-4903 as amender ules, and to the best of my knowledge a | d, I swear that I ha | ave reviewed this return true and complete. | |
| Taxpayer Signature | | Date | Phor | ne # | |
| Spouse's Signature | | Date | Phon | e # | |
| Preparer Signature | | Date | Pho | ne # | |