TAX YEAR **2025**	**WAGE TAX REFUND PETITION** **SALARY/HOURLY EMPLOYEES** **(Not to be used by Commissioned Employees)**	**OFFICE USE ONLY**

AVOID DELAYS, file this petition online at tax-services.phila.gov. If you must file a paper application, read the instructions for both the Employer as well as the Employee on the reverse side of this form prior to completing this petition. Print or type all information.

The completed petition must include:
- Your signature
- **W-2** showing Federal, State, Medicare and Local wages
- **Employer Certification letter** and **Location sheet**
- **PA Schedule UE**, if claiming expenses on Line 2E. If PA Schedule UE has an entry on Line 15, submit a breakdown of those expenses.

EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	DAYTIME TELEPHONE NUMBER
HOME ADDRESS	OCCUPATION	
CITY STATE ZIP CODE	IF PARTIAL YEAR, PROVIDE DATES: From To	
EMPLOYER	EMPLOYER IDENTIFICATION NUMBER (EIN)	

PLACE OF EMPLOYMENT	**COLUMN A** **January 1, 2025 to June 30, 2025**	**COLUMN B** **July 1, 2025 to December 31, 2025**
1. **Gross Compensation per W-2**	.00	.00
A. Non-Taxable Stock Options included in Line 1 **(Must reflect on W-2)**	.00	.00
B. Adjusted Gross Compensation (Subtract Line 1A from Line 1)	.00	.00
2. Computation of taxable compensation and/or allowable expenses A. Number of Days/Hours (Include overtime from Line 2C)	181 Days/1448 Hours	184 Days/1472 Hours
B. Non-workdays/Hours (Total of weekend, vacation, holiday, sick or any type of leave time)	Days/Hours	Days/Hours
C. Number of actual Workdays/Hours (Base_____Overtime_____) (Line 2A minus Line 2B) **If computing overtime, see instructions on reverse.**	Days/Hours	Days/Hours
D. Number of actual Days/Hours worked outside of Philadelphia in Line 2C. **A list of dates and locations when you worked outside of Philadelphia, verified and signed by your employer, is required to be attached. Also provide a copy of Telework Agreement if applicable.**	Days/Hours	Days/Hours
E. Percentage of time worked outside of Philadelphia. Divide Line 2D by Line 2C.and round the resulting percentage to 4 decimal places.	. %	. %
F. Non-taxable compensation earned outside of Philadelphia (Line 1B times Line 2E)	.00	.00
G. (i) Total non-reimbursed business expenses allowable under Income Tax Regulation Section 204. Please submit Pennsylvania Schedule UE	.00	.00
(ii) Multiply amount on Line G (i) by the percentage on Line 2E	.00	.00
(iii) Deductible non-reimbursed employee business expenses. Subtract Line G (ii) from Line G (i)	.00	.00
H. Non-taxable income and/or deductible employee business expenses Add Line 2F and Line 2G (iii)	.00	.00
3. Net Taxable compensation (Line 1B minus Line 2H)	.00	.00
4. **TAX DUE** **Resident of Philadelphia** multiply Line 3, Column A by .037500 and Column B by .037400. **Non-Resident of Philadelphia** Line 3, Column A by .034400, and Column B by .034300.	.00	.00
5. TOTAL TAX DUE (Add Line 4, Column A and Line 4, Column B.)		.00
6. Wage tax withheld per W-2		.00
7. **REFUND REQUESTED** (Line 6 minus Line 5)		.00

EMPLOYER CERTIFICATION
This petition must be accompanied by a signed Employer Certification letter on company letter head. A template for the letter is available under the "Forms and Instructions" section of **phila.gov/wage-tax-refund**.

EMPLOYEE CERTIFICATION
I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by City Ordinance.

EMPLOYEE'S SIGNATURE *(Signature must be clear and legible.)*	DATE