

CITY OF PHILADELPHIA • DEPARTMENT OF REVENUE

REFUND PETITION

For all refunds except Individual Employee Wage Tax

PETITION NUMBER (Office use only)

FUND

SOURCE

INDEX

SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION.

1. PETITIONER'S NAME (Please provide a contact person: First Name, Middle Initial, Last Name)

2. BUSINESS, ENTITY, OR INDIVIDUAL NAME (Who will receive this refund?)

4. SOCIAL SECURITY NUMBER

3. MAILING ADDRESS

5. FEDERAL EMPLOYER IDENTIFICATION NO.

CITY

STATE

ZIP CODE

6. PROPERTY ADDRESS (For Real Estate, Water, Commercial Waste and Business Use & Occupancy Refunds **only**)

7. E-MAIL ADDRESS

PHONE NUMBER

8. REFUND TYPE (Check all that apply. For Wage Tax, Real Estate Tax, Police Services, NPT, KOZ, and Other, see important information on reverse.)

<input type="checkbox"/> Amusement Tax	<input type="checkbox"/> Hotel Tax	<input type="checkbox"/> Police Services Fee	<input type="checkbox"/> Tobacco Tax
<input type="checkbox"/> Business Income & Receipts Tax	<input type="checkbox"/> Licenses & Permits	<input type="checkbox"/> Real Estate Tax	<input type="checkbox"/> Use & Occupancy Tax
<input type="checkbox"/> Commercial Trash Fee	<input type="checkbox"/> Liquor Tax	<input type="checkbox"/> School Income Tax	<input type="checkbox"/> Wage Tax
<input type="checkbox"/> Development Impact Tax	<input type="checkbox"/> Net Profits Tax	<input type="checkbox"/> Tobacco Tax	<input type="checkbox"/> Water / Sewer Charges
<input type="checkbox"/> Earnings Tax	<input type="checkbox"/> Parking Tax	<input type="checkbox"/> Other or Departmental Payments (specify) _____	

A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM	A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM

9. REASON FOR THIS REFUND PETITION

How would you like to receive your refund? Direct Deposit - Not available for all taxes and fees, see instructions Mailed Check**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 penalties as prescribed by law.

PETITIONER'S SIGNATURE _____ DATE _____

AUTHORIZED SIGNATURE FOR OTHER DEPARTMENT _____ TITLE _____ DATE _____

MAIL COMPLETED REFUND PETITION TO:
CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE
P.O. BOX 53360
PHILADELPHIA, PA 19105

REFUND INFORMATION: TELEPHONE:
215-686-6574, 6575, or 6578
E-MAIL: refund.unit@phila.gov
Where's my refund?
Look it up at: tax-services.phila.gov

Instructions for Completing the Refund Petition

This form is to be used for **all** refund requests except Individual Employee Wage Tax. Individuals should file Employee Wage Tax refund petitions at tax-services@phila.gov. **Employers** must use this petition for withheld wage tax refund requests.

- 1. Individuals** - Enter the name of the petitioner.
- 2. Business Name** - For non-individual petitioners, enter the name of the entity.
- 3. Mailing Address** - Enter the address for the petitioner. NOTE, refunds are mailed to the mailing address on file with the Department of Revenue.
- 4 and 5. Social Security and Federal Employer Identification Numbers** - Individuals must enter a complete Social Security number. All other entities must enter a Federal Employer Identification Number.
- 6. Property Address** - This is required for all Real Estate, Water/Sewer, Commercial Waste and Business Use & Occupancy petitions. Enter the address of the property for which the refund is being requested.
- 7. Contact Information** - Provide a phone number and e-mail address where you can be reached.
- 8. Refund Type** - Check the appropriate block(s). If the type is not listed on the front of this form, check "Other" and specify the type of refund requested. A single Refund Petition may be used for multiple tax types and years.
 - A. Tax Account Number** - Enter the tax specific account number(s). (NOTICE Not your PHTIN)
 - B. Tax Years and/or Tax Periods** - If tax is an annual tax, enter year. If tax is periodic, eg., quarterly or monthly, enter period(s) and year(s). If requesting a Police Services Fee refund, write the event date.
 - C. Amount of Claim** - Enter the amount of the refund requested.
- 9. Reason for Refund** - Enter the reason for refund. If you have additional documentation, attach it to this petition. If you select a refund by Direct Deposit, attach the ACH Refund Authorization form. Find it at phila.gov/revenue or as the last page of these instructions. If your refund is returned because you provided bad bank information, Revenue will automatically issue a paper check refund. ACH refunds are not available for Real Estate Tax, Water or Sewer Charges, or Other Departmental charges.

Wage Tax - If this refund request resulted from a duplicate payment, provide supporting documentation. Revenue only issues refunds to the original payor. If you have questions about your filing requirements, application of payments or tax balances, call Taxpayer Services at 215-686-6600.

Real Estate - Refund requests must be accompanied by a copy of the front and back of the canceled check(s). If the refund is due to a sale of the property or refinancing, you must also supply a copy of the settlement sheet. Mortgage companies must supply a copy of the disbursement/check listing.

This petition must be signed and dated! If you have any questions about the preparation of this petition, see the contact information on the front of this form.

OFFICE USE ONLY - Licenses and Permits; Interdepartmental Refunds and Other - All petitions must include the signature and title of the Department's authorized designee, along with the Fund, Source and Index Code of the payment in addition to the petitioner's signature.

