

TAX YEAR <b>2025</b>	<b>WAGE TAX REFUND PETITION</b> <b>COMMISSION EMPLOYEES</b> (Not to be used by Salaried Employees)	OFFICE USE ONLY	
<p>AVOID DELAYS, file this petition online at <a href="http://tax-services.phila.gov">tax-services.phila.gov</a>. 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:</p> <ul style="list-style-type: none"> <li>• W-2 showing Federal, State, Medicare and Local wages</li> <li>• Signature of Employee and Employer</li> <li>• 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.</li> </ul>			
EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	DAYTIME TELEPHONE NUMBER	
HOME ADDRESS		OCCUPATION	
CITY	STATE	ZIP CODE	
EMPLOYER		IF PARTIAL YEAR, PROVIDE DATES (See Instructions): From _____ To _____ EMPLOYER IDENTIFICATION NUMBER (EIN)	
EMPLOYER ADDRESS		<b>COLUMN A</b> January 1, 2025 to June 30, 2025	<b>COLUMN B</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		.00	.00
A. Total Sales		.00	.00
B. Sales outside of Philadelphia. Supply breakdown of sales activity performed (i.e. solicited) outside of Philadelphia including client's name, address, and sales amounts attributable to each client.		.00	.00
C. Percentage of sales outside of Philadelphia Divide Line 2B by Line 2A and round the resulting percentage to 4 decimal places.		[ ] [ ] . [ ] [ ] %	[ ] [ ] . [ ] [ ] %
D. Commissions earned outside of Philadelphia. Multiply Line 1B by 2C.		.00	.00
E. (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 E (i) by the percentage on Line 2C		.00	.00
(iii) Deductible non-reimbursed employee business expenses. Subtract Line E (ii) from Line E (i)		.00	.00
F. Non-taxable commissions/deductible employee business expenses Add Line 2D and Line 2E (iii)		.00	.00
3. Net Taxable compensation (Line 1B minus Line 2F)		.00	.00
4. TAX <u>Resident of Philadelphia</u> multiply Line 3, Column A by .037500 and Column B by .037400. DUE <u>Non-Resident of Philadelphia</u> 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	
<b>EMPLOYER CERTIFICATION</b> <p>I certify that the facts shown above supporting employee's claims are correct based on available payroll records. Individuals serving as authorized official signatories should be familiar with employee's time and attendance, as well as applicable Wage Tax Regulations. Income Tax Regulations Section 401 through 404 requires that the employer withhold and allocate wages for tax purposes. General Regulation Section 306 (2) provides that the employer, for and on behalf of the employee, requests the refund.</p>			
AUTHORIZED OFFICIAL SIGNATURE (Signature must be clear and legible.)	PRINTED NAME		DAYTIME TELEPHONE NUMBER
<b>EMPLOYEE CERTIFICATION</b> <p>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.</p>			
EMPLOYEE'S SIGNATURE (Signature must be clear and legible.)			DATE