TAX YEAR 2008

WAGE TAX REFUND PETITION

COMMISSION EMPLOYEES

(Not to be used by Salaried Employees)

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:

OFFICE USE ONLY

W-2 showing Federal, State, Medicare and Local wages

Signature of Employee and Employer

IRS Form 2106 if claiming expenses on Line 2E. If Form 2106 has an entry on Line 4, submit a breakdown of those expenses.															
SOC	CIAL SE	ECURITY NUMBER						DAYTIME TELEPHONE NUMBER							
I				OCCUPATION											
ZIP CODE				IF PARTIAL YEAR, PROVIDE DATES:											
EMPLOYER				EMPLOYER IDENTIFICATION NUMBER (EIN)											
F EMPLOYMENT				COLUMN A January 1, 2008 to June 30,					<u>COLUMN B</u> July 1, 2008 to December 31, 2008						
1. Gross Compensation per W-2				.00						.00					
A. Non-Taxable Stock Options included in Line 1 (Must reflect on W-2)				.00						.00					
		.00						.00							
						.0	0	.00							
						.0	0					.00			
rcentage of sales outside of Philadelphia vide Line 2B by Line 2A and round the resulting percentage to 4 decimal places.							Olo					ું			
C.						.0	0					.00			
		.00					0	.00				.00			
		.00						.00				.00			
ract Line E (ii) from Line	e E (i)	.0						.00							
Add Line 2D and Line 2	2E (iii)				.0	0									
. Net Taxable compensation (Line 1B minus Line 2F)					.00						.00.				
			.0)				.00			
								.00							
								.00							
								.00							
EMPLOYER CERTIF	FICAT	ION								•					
dance, as well as ap	oplicat	ole Wag	e T	ax R	egulatic	ns. Inc	оте Т	ax Re	gulatio	ns Se	ction	401			
PRINTED NAME								DAYTIME TELEPHONE NUMBER							
I EMPLOYEE CFRTIFICATION															
I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed											edge	e and			
EMPLOYEE'S SIGNATURE (Signature must be clear and legible.)								DATE							
	ZIP decimal places. C. ract Line E (ii) from Line Add Line 2D and Line : 219 and Column B by .0: EMPLOYER CERTIL ims are correct based dance, as well as all wages for tax purpo. PRINTED NAME EMPLOYEE CERTIL in any supporting s	ZIP CODE J-2) decimal places. C. ract Line E (ii) from Line E (i) Add Line 2D and Line 2E (iii) Add Line 2D and Line 2E (iii) 219 and Column B by .035392. EMPLOYER CERTIFICAT ims are correct based on a dance, as well as applicative wages for tax purposes. Company to the principle of the	SOCIAL SECURITY N ZIP CODE Jani Jani J-2) decimal places. C. ract Line E (ii) from Line E (i) Add Line 2D and Line 2E (iii) Add Line 2D and Line 2E (iii) EMPLOYER CERTIFICATION ims are correct based on available dance, as well as applicable Wag wages for tax purposes. General PRINTED NAME EMPLOYEE CERTIFICATION in any supporting schedule or experiments.	ZIP CODE ZIP CODE January J	SOCIAL SECURITY NUMBER OC ZIP CODE IF Fr EN COLL January 1, 20 decimal places. C. ract Line E (ii) from Line E (i) Add Line 2D and Line 2E (iii) Add Line 2D and Line 2E (iii) EMPLOYER CERTIFICATION ims are correct based on available payroll dance, as well as applicable Wage Tax R wages for tax purposes. General Regulation PRINTED NAME EMPLOYEE CERTIFICATION of in any supporting schedule or exhibit are	ZIP CODE ZIP CODE IF PARTIAL From EMPLOYER COLUMN A January 1, 2008 to June	SOCIAL SECURITY NUMBER OCCUPATION IIF PARTIAL YEAR, PROFE From EMPLOYER IDENTIFIC COLUMN A January 1, 2008 to June 30, .0 .0 .0 .0 .0 .0 .0 .0 .0	SOCIAL SECURITY NUMBER OCCUPATION ZIP CODE IF PARTIAL YEAR, PROVIDE IF From EMPLOYER IDENTIFICATION OO OO OO OO COUMN A January 1, 2008 to June 30, OO OO OO OO COO OO OO Add Line E (ii) from Line E (i) Add Line 2D and Line 2E (iii) OO Add Line 2D and Line E (iii) OO EMPLOYER CERTIFICATION ims are correct based on available payroll records. Individuals dance, as well as applicable Wage Tax Regulations. Income Towages for tax purposes. General Regulation Section 306 (2) prepared to the ints herein, I am subject to such penalties as may be prescribed but ints herein, I am subject to such penalties as may be prescribed but ints herein, I am subject to such penalties as may be prescribed but ints herein, I am subject to such penalties as may be prescribed but ints herein, I am subject to such penalties as may be prescribed but ints herein, I am subject to such penalties as may be prescribed but ints herein, I am subject to such penalties as may be prescribed but ints herein, I am subject to such penalties as may be prescribed but ints herein.	SOCIAL SECURITY NUMBER OCCUPATION ZIP CODE IF PARTIAL YEAR, PROVIDE DATES: From EMPLOYER IDENTIFICATION NUMBER OCOLUMN A January 1, 2008 to June 30, July 1, 20 .00 .00 .00 .00 .00 .00 .00	SOCIAL SECURITY NUMBER OCCUPATION ZIP CODE IF PARTIAL YEAR, PROVIDE DATES: From EMPLOYER IDENTIFICATION NUMBER (EIN) COLUMN A January 1, 2008 to June 30, .00 .00 .00 .00 .00 .00 .00	SOCIAL SECURITY NUMBER OCCUPATION ZIP CODE IF PARTIAL YEAR, PROVIDE DATES: From EMPLOYER IDENTIFICATION NUMBER (EIN) COLUMN A January 1, 2008 to June 30, .00 .00 .00 .00 .00 .00 .00	SOCIAL SECURITY NUMBER OCCUPATION ZIP CODE IF PARTIAL YEAR, PROVIDE DATES: From EMPLOYER IDENTIFICATION NUMBER (EIN) COLUMN B January 1, 2008 to June 30, .00 .00 .00 .00 .00 .00 .00			

INSTRUCTIONS FOR FILING WAGE TAX REFUND PETITION

(Commission Employees Only)

You must attach the applicable W-2 indicating Federal, Medicare, State and Local wages to the petition. A separate petition must be filed for each W-2 issued by employers that may have overwithheld Wage Tax.

2008 TAX RATES

Resident Rates: January 1, 2008 to June 30, 2008 = 4.219% (.04219)

July 1, 2008 to December 31, 2008 = 3.98% (.0398)

Non-Resident Rates: January 1, 2008 to June 30, 2008 = 3.7242% (.037242)

July 1, 2008 to December 31, 2008 = 3.5392% (.035392)

Statute of Limitations - any claim for refund must be filed within three (3) years from the date the tax was paid or due, whichever date is later.

Only non-resident employees are eligible for a refund based on work performed outside of Philadelphia. Resident employees are taxable whether working in or out of Philadelphia, but they may use this form to apply for a refund based on allowable employee business expenses on Line 2G.

The taxability of sales by commission employees is based on the place of solicitation. You may exclude sales outside of Philadelphia if you are out of Philadelphia when the sale is solicited and the order taken. If you are selling by phone from Philadelphia, these sales are taxable no matter where the customer is located.

Both the employer and employee must sign the petition for refund. A petition for refund of "erroneously withheld wage tax from an employee must be made by the employer for and on behalf of the employee" (General Regulations Section 306 (2)). The authorizing official signing this form should do so only if they know of the employee's whereabouts as they relate to this petition, as well as an understanding of how this information applies to Sections 401, 402, 403, 404, 405 and 407 of the Philadelphia Income Tax Regulations. These regulations are available at www.phila.gov/revenue.

Partial Year: In the context of this form, a partial year is one in which your liability or status for Wage Tax changes. It could be the result of becoming a resident, starting a new job, terminating a job, etc. In any of these situations you need to indicate the period for which you were liable for Wage Tax with a particular employer.

- Line 1: Enter your Gross Compensation (generally the highest compensation figure on the W-2).
- **Line 1A:** The only income excludable from gross compensation would be income received as the result of exercising an employee stock option. **Stock option must reflect on W-2.**
- **Line 2:** This line should reflect **Total Sales** for the year. If your compensation is based on more than one commission or a combination of salary, commissions, fee, etc., prepare a worksheet calculating the amount due and attach it to the petition, marking this line "see attached".
- Line 2B: This line should reflect Sales Outside of Philadelphia as noted above.
- Line 2E Expenses: An entry on Line 2E must be supported by Federal Form #2106. If unreimbursed employee expenses are claimed on Federal Schedule A, you must also include Schedule A. Photocopies are acceptable. Expenses are deductible if (a) the total expenses are reduced by any amounts reimbursed by your employer; (b) they are ordinary, necessary and reasonable; and (c) they are recognized as deductions from adjusted gross income in the Internal Revenue Code. Examples of expenses which are not deductible are: transportation to and from work, educational expenses, dues, subscriptions, and pension plan payments. Note: If your Federal #2106 has an entry on Line 4, you must submit a breakdown of those expenses.

Mail completed petition to:

CITY OF PHILADELPHIA DEPARTMENT OF REVENUE REFUND UNIT 1401 JOHN F. KENNEDY BOULEVARD - ROOM 580 PHILADELPHIA, PA 19102

For further information you may reach the Revenue Department Refund Unit at: 215-686-6574, 6575 or 6578

Send e-mail to revenue@phila.gov