**2009** 

## WAGE TAX REFUND PETITION SALARY/HOURLY EMPLOYEES

(Not to be used by Commissioned Employees)

OFFICE USE ONLY

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:

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

Signature of Employee and Employer

EMPLOYEE'S NAME		try on Line 4, submit a breakd									DAYTIME TELEPHONE NUMBER									
HOME ADDRESS	·			00	CCU	PATIO	NC													
CITY STATE ZIP CODE				IF PARTIAL YEAR, PROVID							DA	TES:							_	
EMPLOYER			From EMPLOYER IDENTIFICATI								To									
EWIFLOTER				EN	/IFL	JIER	וטו	=1411	FIC	ATIO	NINC	OIVIDE	:17 (1	iin)						
PLACE OF EMPLOYMENT			COLUMN A January 1, 2009 to June 30, 20					)09	COLUMN B July 1, 2009 to December 31, 2								200	9		
1. Gross Compensation per W-2									.0	0								.(	00	
A. Non-Taxable Stock Options included in Line 1 (Must reflect on W-2)			.00							0	.00									
B. Adjusted Gross Compensation (Subtract Line 1A from Line 1)			.00						0	.00										
Computation of taxable compensation and/or allowable expenses     A. Number of Days/Hours (Include overtime from Line 2C)			181 Days/1448 Hours						rs	184 Days/1472 Hours										
B. Non-workdays/Hours (Total of weekend, vacation, holiday, sick or any type of leave time)			Days/Hours						rs	Days/Hours										
C. Number of actual Workdays/Hours (BaseOvertime) (Line 2A minus Line 2B) If computing overtime, see instructions on reverse.			Days/Hours						rs	s Days/Hours										
D. Number of actual Days/Hours worked outside of Philadelphia in Line 2C			Days/Hours						Days/Hours											
<ul> <li>E. Percentage of time worked outside of Philadelphia.</li> <li>Divide Line 2D by Line 2C.and round the resulting percentage to 4 decimal places.</li> </ul>									<u>]</u>	9	$\underline{\mathbb{L}}$			<u></u> .					%	
F. Non-taxable compensation earned outside of Philadelphia (Line 1B times Line 2E)			.00						0	.00										
G. (i) Total non-reimbursed business expenses from Form 2106 and/or Schedule A, Miscellaneous Deductions, Line 20									.0	o								.0	00	
(ii) Multiply amount on Line G (i) by the percentage on Line 2E			.00						o	.00										
(iii) Deductible non-reimbursed employee business expenses. Subtract Line G (ii) from Line G (i)								.0	o								.(	00		
H. Non-taxable income and/or deductible employee business expenses Add Line 2F and Line 2G (iii)		G (iii)							.0	0								.(	00	
Net Taxable compensation (Line 1B minus Line 2H)								.0	o								.(	00		
4. TAX DUE  Resident of Philadelphia multiply Line 3, Column A by .0393 and Column B by .039296. Non-Resident of Philadelphia Line 3, Column A by .035, and Column B by .034997.					_				.0	o								.0	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						
I certify that the facts shown above supporting employee's c signatories should be familiar with employee's time and atte through 404 requires that the employer withhold and allocate and on behalf of the employee, requests the refund.	ndance, as well as ap	d on plical	available <sub>l</sub> ble Wage	Tax F	Reg	ulati	on	S.	Inc	ome	e Ta	ax R	Regi	ulatio	ns	Sec	tion	40	1	
AUTHORIZED OFFICIAL SIGNATURE (Signature must be clear and legible.)	PRINTED NAME										DAYTIME TELEPHONE NUMBER									
	CAT	ION																_		
I HEREBY CERTIFY that the statements contained herein an belief. I understand that if I knowingly make any false staten		hedu	le or exhil														dge	and	1	
EMPLOYEE'S SIGNATURE (Signature must be clear and legible.)											DAT	ΓE								
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## INSTRUCTIONS FOR FILING WAGE TAX REFUND PETITION

(Salary and Hourly 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.

## **2009 TAX RATES**

**Resident Rates:** January 1, 2009 to June 30, 2009 = 3.93% (.0393)

July 1, 2009 to December 31, 2009 = 3.9296% (.039296)

**Non-Resident Rates:** January 1, 2009 to June 30, 2009 = 3.5% (.035)

July 1, 2009 to December 31, 2009 = 3.4997% (.034997)

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.

Employees petitioning for a refund who worked 100% outside of Philadelphia need to submit a letter from their employer stating that the employee neither lived nor worked in Philadelphia. The employer must identify the employee's actual work location. Employers have no obligation to withhold wage tax on work performed by non-residents outside of Philadelphia.

**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 <a href="https://www.phila.gov/revenue">www.phila.gov/revenue</a>.

**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 <u>Gross Compensation</u> (generally the highest compensation figure on the W-2). Pension plan contributions (such as 401k contributions) are subject to wage tax and are not deductible from gross compensation.
- **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:** If you work partial days in and out of Philadelphia, complete this form using hours, not days. Converting hours into days is not acceptable.
- **Line 2B:** Non-work days (hours) include any time not worked by the employee, e.g. weekends, vacation, holidays, sick or any type of leave time. Terminal or severance pay is taxable at the employee's historical percentage of time worked in the City.
- Line 2C: If computing overtime, file in hours and include overtime hours in Line 2A.
- Line 2G Expenses: An entry on Line 2G 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