

TAX YEAR 2015

INCOME-BASED WAGE TAX REFUND PETITION

OFFICE USE ONLY

Read the instructions on the reverse side of this form prior to completing this petition. Print or type all information.

The purpose of this form is to petition for Income-based Wage Tax Refunds ONLY. To seek a refund for time worked outside of Philadelphia and/or Federal Form #2106 non-reimbursed business expenses, a Wage Tax Refund Petition must be completed for each W-2 where such a refund is sought. Such W-2s should not be included in this calculation or attached to this form.

ALL W-2 forms for which you are seeking an Income-based Wage Tax Refund, showing the Federal, State, Medicare and Local wages and withholding must be attached for this petition to be processed. If you have more W-2s to report than is allowed in the space below, please attach additional sheets in the same format. Please note that each taxpayer (including spouses) must file a separate Income-based Wage Petition. Joint filing is not acceptable for this refund.

| Pl | completed Pennsylvania Schedule SP for ta hiladelphia will verify the Schedule SP was fi etition will not be deemed complete until in | led with a | and approved by | the | state prior to issue | ance of a | ny Income- | based Wage Tax | Refund Check. A |
|---|---|---|---|--------------------------------|--|------------------------|---------------|-----------------------|---------------------|
| PI | hiladelphia but do not file a Pennsylvania Incor | ne Tax R | eturn must includ | de a | signed copy of their | r state inco | me tax ret | urn to be considere | ed for eligibility. |
| | YOU WILL NOT RECEIVE A R | EFUND IF | YOU OWE DEL | INQ | UENT TAXES OR | FEES TO | THE CITY | OF PHILADELPHI | <u>A.</u> |
| EMPLOYEE'S NAME | | | SOCIAL SECURITY NUMBER | | | | DAYTIME PHONE | | |
| HOME ADDRESS | | | OCCUPATION | | | | EMAIL ADDRESS | | |
| CITY STATE | | ZIP CODE NUMBER OF W-2s ATTACHED FOR THIS PETITIONER: | | | NUMBER OF DEPENDENTS: | | | | |
| SPOUSE'S NAME | | | SPOUSE'S SOCIAL SECURITY NUMBER (if applicable) | | | DAYTIME PHONE | | | |
| TOTAL PA SCHEDULE SP ELIGIBILITY INCOME FROM PA 40, LINE 20: | | | FILING Unmarried, Separated, Deceased Married, (even if filing separately) | | | | | arately) | |
| | | | CALCULATIN | 1G ' | YOUR REFUNE | <u>)</u> | | | |
| | DO NOT INCLUDE YOUR SPOUSE'S W-2 INFORMATION IN THE CALCULATION OF YOUR REFUND. | | | | | | | | |
| ١, | SPOUSAL OUR SPOUSE MUST FILE HIS/HEF | | | | PROOF OF E | | | | F A REFUND |
| | | | | | | | | | Total Refund |
| | | | Employer 1 | | Employer 2 | Empi | oyer 3 | Employer 4 | (See below) |
| 1 | Employer Identification Number (W-2 Box b) | | | | | | | | |
| 2 | Philadelphia Wages January 1 - June 30, 2015 | | | | | | | | |
| 3 | Philadelphia Wages July 1 - December 31, 2015 | | | | | | | | |
| 4 | Income-based Wage Tax Due January 1 - June 30, (see below) | 2015 | | | | | | | |
| 5 | Income-based Wage Tax Due July 1 - December 3 (see below) | 1, 2015 | | | | | | | |
| 6 | Total Income-based Wage Tax Due (Row 4 plus Row 5) | | | | | | | | |
| 7 | Wage Tax Withheld (W-2 Box 19) | | | | | | | | |
| 8 | Refund Due (Row 7 minus Row 6) | | | | | | | | |
| No To | hiladelphia Resident Employee Instructions on-Resident Employee Instructions: Multiplotal Refund Column Instructions: Enter the efund". If more than four employers, submit a | : Multiply y Row 2 b sum of | Row 2 by .0342 by .029915 and en all refunds due o sheets in the above | and nter or all ve fo | the result into Row employers listed in ormat. | o Row 4. 4. Multipl | y Row 3 by | .029828 and enter | r into Row 5. |
| 11 | HEREBY CERTIFY that the statements contai | ned hereii | | | RTIFICATION ng schedule or exh | ibit are tru | e and corre | ect to the best of my | v knowledae 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.

DATE

PREPARER SIGNATURE (Signature must be clear and legible.)

TAXPAYER SIGNATURE (Signature must be clear and legible.)

DATE

INCOME-BASED WAGE TAX REFUND PETITION INSTRUCTIONS

You must attach the applicable W-2 forms indicating Federal, Medicare, State and Local wages to the petition. A signed and completed PA Schedule SP for tax year 2015 should also be attached if the employee filed for tax year 2015.

Spouses who would both like to file an Income-Based Wage Tax Refund Petition must file separately.

Reduced Rates Generally – To receive a reduced rate you must be eligible for Pennsylvania 40 Schedule SP special tax forgiveness. A completed Schedule SP for tax year 2015 must be attached to this application. The City of Philadelphia will verify the Schedule SP was filed with and approved by the state prior to issuance of any Income-based Wage Tax Refund Check. A petition will not be deemed complete until information is received from the State and eligibility is verified. Spouses who would both like to file an Income-Based Wage Tax Refund Petition must file separately.

Eligibility for Reduced Rate and PA 40 Schedule SP – To receive a decreased Resident or Non-Resident Rate, you must file for Schedule SP with state and be approved. Generally, to be eligible under Schedule SP, you must meet the following income requirements based on your marital and federal filing status, number of dependents, and income.

| SCHEDULE SP ELIGIBILITY INCOME TABLE | | | | | | | | |
|--------------------------------------|----------------------------------|--|--|--|--|--|--|--|
| Number of Dependent Children | Umarried, Separated and Deceased | Married (Even if filing separately) | | | | | | |
| 0 | \$8,750 | \$15,250 | | | | | | |
| 1 | \$18,250 | \$24,750 | | | | | | |
| 2 | \$27,750 | \$34,250 | | | | | | |
| 3 | \$37,250 | \$43,750 | | | | | | |
| 4 | \$46,750 | \$53,250 | | | | | | |
| 5 | \$56,250 | \$62,750 | | | | | | |
| 6 | \$65,750 | \$72,250 | | | | | | |
| 7 | \$75,250 | \$81,750 | | | | | | |
| 8 | \$84,750 | \$91,250 | | | | | | |
| 9 | \$94,250 | \$100,750 | | | | | | |

2015 TAX RATES

Reduced Resident Rates: January 1, 2015 to June 30, 2015 = 3.42% (.0342)

July 1, 2015 to December 31, 2015 = 3.4102% or .034102

Reduced Non-Resident Rates: January 1, 2015 June 30, 2015 = 2.9915% (.029915)

July 1, 2015 to December 31, 2015 = 2.9828% or

(.029828)

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.

Mail completed petition to:

CITY OF PHILADELPHIA DEPARTMENT OF REVENUE P.O. BOX 53360 PHILADELPHIA, PA 19105

For more information, please call the Revenue Department at 215-686-9200.