

• MAKE NO MARKS IN THIS AREA

5 0 0 1

Due date: February 28, 2002

CITY ACCOUNT NUMBER

Name

Address

FEDERAL EMPLOYER IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER

If this is an amended return, place an "X" here:.....

A. Enter the number of Philadelphia Residents for whom wage tax was remitted for the pay period including March 12, 2001.....	A.				
B. Enter the number of non-residents (employees living outside Philadelphia city limits) for whom wage tax was remitted for pay period including March 12, 2001.....	B.				
C. Total number of employees for all company locations reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2001 (for the pay period including March 12, 2001).....	C.				
D. Number of employees working at company locations within Philadelphia city limits , for the pay period including March 12, 2001.....	D.				
1. Gross Compensation per W-2 forms for all employees.....	1.				00
2. Non-Taxable Compensation included in Line 1. (Paid to non-residents working outside of Philadelphia).....	2.				00
3. Net Compensation per W-2 forms on which Philadelphia Wage Tax was withheld or due (Line 1 less Line 2).....	3.				00
4. Total Taxable Compensation paid to residents of Philadelphia (1/1/2001 to 6/30/2001)	4.				00
5. Tax Due (Line 4 X .045635).....	5.				00
6. Total Taxable Compensation paid to residents of Philadelphia (7/1/2001 to 12/31/2001)	6.				00
7. Tax Due (Line 6 X .045385).....	7.				00
8. Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2001 to 6/30/2001)	8.				00
9. Tax Due (Line 8 X .039672).....	9.				00
10. Total Taxable Compensation paid to nonresidents of Philadelphia (7/1/2001 to 12/31/2001)	10.				00
11. Tax Due (Line 10 X .039462).....	11.				00
12. Total Tax Due (Add lines 5, 7, 9 and 11)	12.				00
13. Tax previously paid for 2001.....	13.				00
14. ADDITIONAL TAX DUE If Line 12 is greater than Line 13, enter the amount here	14.				00
15. If Line 12 is less than Line 13, enter the amount of TAX OVERPAID. (See Instructions).....	15.				00

Under penalties of perjury, as set forth in 18 Pa. C.S. §§ 4902-4903 as amended, I swear that I have reviewed this return and accompanying statements and schedules, and to the best of my knowledge and belief, they are true and complete.

Taxpayer Signature	Date	Phone #
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Preparer Signature	Date	Phone #
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