City of Philadelphia Annual Reconciliation of 2004 Employer Wage Tax

MAKE NO MARKS IN THIS AREA

5004

Due date: February 28, 2005

CITY ACCOUNT NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

Name
Address

To file online, click on "Online Services" at www.phila.gov/revenue.

If this is an amended return, check here: ☐

A. Enter the number of **Philadelphia Residents** for whom wage tax was remitted for the pay period including March 12, 2004.....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, 2004.....B.

C. Total number of employees **for all company locations** reported on the Employer's Federal Quarterly Tax Return for the first quarter of 2004 (for the pay period including March 12, 2004).....C.

D. Number of employees working **at company locations within Philadelphia city limits,** for the pay period including March 12, 2004.....D.

1. Gross Compensation per W-2 forms for all resident employees and non-residents working in Philadelphia.....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 (1/1/2004 to 12/31/2004)**.....4.	, , .00
5. Tax Due (Line 4 X .044625).....5.	, , .00
6. **Total Taxable Compensation paid to nonresidents of Philadelphia (1/1/2004 to 12/31/2004)**.....6.	, , .00
7. Tax Due (Line 6 X .038801).....7.	, , .00
8. **Total Tax Due (Add lines 5 and 7)**.....8.	, , .00
9. Tax previously paid for 2004.....9.	, , .00
10. **ADDITIONAL TAX DUE** If Line 8 is greater than Line 9, enter the amount here.....10.	, , .00
11. If Line 8 is less than Line 9, enter the amount of **TAX OVERPAID**. (See Instructions).....11.	, , .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 #_____

Preparer Signature_____ Date_____ Phone #_____