

TAX YEAR 2016	WAGE TAX REFUND PETITION SALARY/HOURLY EMPLOYEES (Not to be used by Commissioned Employees)	OFFICE USE ONLY
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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
IRS Form 2106 if claiming expenses on Line 2G. If Form 2106 has an entry on Line 4, submit a breakdown of those expenses.

EMPLOYEE'S NAME	SOCIAL SECURITY NUMBER	DAYTIME TELEPHONE NUMBER
HOME ADDRESS	OCCUPATION	
CITY	STATE	ZIP CODE
EMPLOYER		IF PARTIAL YEAR, PROVIDE DATES: From _____ To _____
PLACE OF EMPLOYMENT		EMPLOYER IDENTIFICATION NUMBER (EIN)
	COLUMN A January 1, 2016 to June 30, 2016	COLUMN B July 1, 2016 to December 31, 2016
1. Gross Compensation per W-2	.00	.00
A. Non-Taxable Stock Options included in Line 1 (Must reflect on W-2)	.00	.00
B. Adjusted Gross Compensation (Subtract Line 1A from Line 1)	.00	.00
2. Computation of taxable compensation and/or allowable expenses	182 Days/1456 Hours	184 Days/1472 Hours
A. Number of Days/Hours (Include overtime from Line 2C)		
B. Non-workdays/Hours (Total of weekend, vacation, holiday, sick or any type of leave time)	Days/Hours	Days/Hours
C. Number of actual Workdays/Hours (Base _____ Overtime _____) (Line 2A minus Line 2B) If computing overtime, see instructions on reverse.	Days/Hours	Days/Hours
D. Number of actual Days/Hours worked outside of Philadelphia in Line 2C. A list of dates and locations when you worked outside of Philadelphia, verified and signed by your employer, is required to be attached. Also provide a copy of Telework Agreement if applicable.	Days/Hours	Days/Hours
E. Percentage of time worked outside of Philadelphia. Divide Line 2D by Line 2C and round the resulting percentage to 4 decimal places.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> %
F. Non-taxable compensation earned outside of Philadelphia (Line 1B times Line 2E)	.00	.00
G. (i) Total non-reimbursed business expenses from Form 2106 and/or Schedule A, Miscellaneous Deductions	.00	.00
(ii) Multiply amount on Line G (i) by the percentage on Line 2E	.00	.00
(iii) Deductible non-reimbursed employee business expenses. Subtract Line G (ii) from Line G (i)	.00	.00
H. Non-taxable income and/or deductible employee business expenses Add Line 2F and Line 2G (iii)	.00	.00
3. Net Taxable compensation (Line 1B minus Line 2H)	.00	.00
4. TAX DUE Resident of Philadelphia multiply Line 3, Column A by .039102 and Column B by .039004. Non-Resident of Philadelphia Line 3, Column A by .034828, and Column B by .034741.	.00	.00
5. TOTAL TAX DUE (Add Line 4, Column A and Line 4, Column B.)	.00	.00
6. Wage tax withheld per W-2	.00	.00
7. REFUND REQUESTED (Line 6 minus Line 5)	.00	.00

EMPLOYER CERTIFICATION

I certify that the facts shown above supporting employee's claims are correct based on available payroll records. Individuals serving as authorized official signatories should be familiar with employee's time and attendance, as well as applicable Wage Tax Regulations. Income Tax Regulations Section 401 through 404 requires that the employer withhold and allocate wages for tax purposes. General Regulation Section 306 (2) provides that the employer, for and on behalf of the employee, requests the refund.

AUTHORIZED OFFICIAL SIGNATURE (Signature must be clear and legible.)	PRINTED NAME	DAYTIME TELEPHONE NUMBER
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EMPLOYEE CERTIFICATION

I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge 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.

EMPLOYEE'S SIGNATURE (Signature must be clear and legible.)	DATE
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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.

2016 TAX RATES

Resident Rates: January 1, 2016 to June 30, 2016 = 3.9102% (.039102)
July 1, 2016 to December 31, 2016 = 3.9004% (.039004)

Non-Resident Rates: January 1, 2016 to June 30, 2016 = 3.4828% (.034828)
July 1, 2016 to December 31, 2016 = 3.4741% (.034741)

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 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). 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 2D: This line should reflect time worked **Outside of Philadelphia** as noted above. **A list of dates and locations when you worked outside of Philadelphia, verified and signed by your employer, is required to be attached. Failure to comply will cause delay and/or denial of petition. Telework employees must provide a copy of Telework Agreement.**

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 the total expenses are reduced by any amounts reimbursed by your employer and they are ordinary, necessary and reasonable. **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
P.O. BOX 53360
PHILADELPHIA, PA 19105

For further information you may reach the Revenue Department Refund Unit at:

215-686-6574, 6575 or 6578

Fax: 215-686-6228

Send e-mail to refund.unit@phila.gov

 www.phila.gov/revenue