

CITY OF PHILADELPHIA • DEPARTMENT OF REVENUE REFUND PETITION <i>For all refunds except Individual Employee Wage Tax</i>				PETITION NUMBER (Office use only)		
				FUND	SOURCE	INDEX
SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION.						
1. PETITIONER'S NAME <i>(First Name, Middle Initial, Last Name)</i>						
2. BUSINESS NAME				4. SOCIAL SECURITY NUMBER		
3. MAILING ADDRESS				5. FEDERAL EMPLOYER IDENTIFICATION NO.		
CITY				STATE	ZIP CODE	
6. PROPERTY ADDRESS <i>(For Real Estate, Water, Commercial Waste and Business Use & Occupancy Refunds <u>only</u>)</i>						
7. PHONE NUMBER		FAX NUMBER		E-MAIL ADDRESS		
8. REFUND TYPE <i>(Check all that apply and list below. For Wage Tax, Real Estate Tax and Other, see important information on reverse.)</i>						
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Wage Tax</div> <div style="width: 50%;"><input type="checkbox"/> Business Income & Receipts Tax *</div> <div style="width: 50%;"><input type="checkbox"/> Net Profits Tax</div> <div style="width: 50%;"><input type="checkbox"/> Business Use & Occupancy Tax</div> <div style="width: 50%;"><input type="checkbox"/> Parking Tax</div> <div style="width: 50%;"><input type="checkbox"/> Amusement Tax</div> <div style="width: 50%;"><input type="checkbox"/> Water/Sewer</div> <div style="width: 50%;"><input type="checkbox"/> Liquor Tax</div> <div style="width: 50%;"><input type="checkbox"/> Hotel Tax</div> <div style="width: 50%;"><input type="checkbox"/> Commercial Waste</div> <div style="width: 50%;"><input type="checkbox"/> School Income Tax</div> <div style="width: 50%;"><input type="checkbox"/> Licenses and Permits</div> <div style="width: 50%;"><input type="checkbox"/> Tobacco Tax</div> <div style="width: 50%;"><input type="checkbox"/> Earnings Tax</div> <div style="width: 50%;"><input type="checkbox"/> Police Services</div> <div style="width: 50%;"><input type="checkbox"/> Departmental Payments</div> <div style="width: 50%;"><input type="checkbox"/> Real Estate Tax</div> <div style="width: 50%;"><input type="checkbox"/> Other (specify) _____</div> </div>						
<small>* Business Income & Receipts Tax prior to 2012 was known as Business Privilege Tax.</small>						
A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM	A. TAX ACCOUNT NUMBER	B. TAX YEAR OR PERIOD/YEAR	C. AMOUNT OF CLAIM	
9. REASON FOR THIS REFUND PETITION						
<i>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 penalties as prescribed by law.</i>						
PETITIONER'S SIGNATURE					DATE	
AUTHORIZED SIGNATURE FOR OTHER DEPARTMENT			TITLE		DATE	
MAIL COMPLETED REFUND PETITION TO: OR FAX TO: 215-686-6228 CITY OF PHILADELPHIA DEPARTMENT OF REVENUE P.O. BOX 1137 PHILADELPHIA, PA 19102-1137			REFUND INFORMATION: TELEPHONE: 215-686-6574, 6575, 6578 FAX: 215-686-6228 E-MAIL: refund.unit@phila.gov INTERNET: www.phila.gov/revenue			

Instructions for Completing the Refund Petition

This form is to be used for **all** refund requests except Individual Employee Wage Tax. If you need to file an individual employee wage petition, refer to the contact information on the front of this form. **Employers** must use this petition for withheld wage tax refund requests.

1. **Individuals** - Enter the name of the petitioner.
2. **Business Name** - For non-individual petitioners, enter the name of the entity.
3. **Mailing Address** - Enter the address where the refund is to be mailed.
- 4 and 5. **Social Security and Federal Employer Identification Numbers** - Individuals must enter a Social Security number. All other entities must enter a Federal Employer Identification Number.
6. **Property Address** - This is required for all Real Estate, Water/Sewer, Commercial Waste and Business Use & Occupancy petitions. Enter the address of the property for which the refund is being requested.
7. **Contact Information** - Provide a phone number, fax number and e-mail address where you can be reached.
8. **Refund Type** - Check the appropriate block(s). If the type is not listed on the front of this form, check "Other" and specify the type of refund requested. A single Refund Petition may be used for multiple tax types and years.
 - A. **Tax Account Number** - Enter the tax specific account number(s).
 - B. **Tax Years and/or Tax Periods** - If tax is an annual tax, enter year. If tax is periodic, e.g., quarterly or monthly, enter period(s) and year(s).
 - C. **Amount of Claim** - Enter the amount of the refund requested.
9. **Reason for Refund** - Enter reason for refund. If you have additional documentation, attach to this petition.

Wage Tax - Additional information is required before a decision can be made on your refund request. Provide a letter on company letterhead (signed by an officer of the company) stating that the additional tax withheld has been returned to the employees. If your refund request is resulting from a duplicate payment, provide supporting documentation. If you have questions about your filing requirements, application of payments or tax balances, call Taxpayer Services at 215-686-6600.

Real Estate - Refund requests must be accompanied by a copy of the front and back of the canceled check(s). If the refund is due to a sale of the property or refinancing, you must also supply a copy of the settlement sheet. Mortgage companies must supply a copy of the disbursement/check listing.

This petition must be signed and dated! If you have any questions regarding the preparation of this petition, see the contact information on the front of this form.

OFFICE USE ONLY - Licenses and Permits; Interdepartmental Refunds and Other - All petitions must include the signature and title of the Department's authorized designee, along with the Fund, Source and Index Code of the payment in addition to the petitioner's signature.