

REFUND PETITION

For all refunds except Individual Employee Wage Tax

PETITION NUMBER (Office use only)

FUND

SOURCE

INDEX

SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION.

1. PETITIONER'S NAME *(Please provide a contact person: First Name, Middle Initial, Last Name)*

2. BUSINESS, ENTITY, OR INDIVIDUAL NAME *(Who will receive this refund?)*

4. SOCIAL SECURITY NUMBER

3. MAILING ADDRESS

5. FEDERAL EMPLOYER IDENTIFICATION NO.

CITY

STATE

ZIP CODE

6. PROPERTY ADDRESS *(For Real Estate, Water, Commercial Waste and Business Use & Occupancy Refunds **only**)*

7. PHONE NUMBER

FAX NUMBER

E-MAIL ADDRESS

8. REFUND TYPE *(Check all that apply. For Wage Tax, Real Estate Tax, Police Services, NPT, KOZ, and Other, see important information on reverse.)*

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Wage Tax | <input type="checkbox"/> Business Income & Receipts Tax | <input type="checkbox"/> Net Profits Tax | <input type="checkbox"/> Business Use & Occupancy Tax |
| <input type="checkbox"/> Parking Tax | <input type="checkbox"/> Amusement Tax | <input type="checkbox"/> Water/Sewer | <input type="checkbox"/> Liquor Tax |
| <input type="checkbox"/> Hotel Tax | <input type="checkbox"/> Commercial Waste | <input type="checkbox"/> School Income Tax | <input type="checkbox"/> Licenses and Permits |
| <input type="checkbox"/> Tobacco Tax | <input type="checkbox"/> Earnings Tax | <input type="checkbox"/> Police Services Fee | <input type="checkbox"/> Departmental Payments |
| <input type="checkbox"/> Real Estate Tax | <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Development Impact Tax | |

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 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.

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 53360
PHILADELPHIA, PA 19105**

**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, eg., quarterly or monthly, enter period(s) and year(s). If requesting a Police Services Fee refund, write the event date.
 - 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 - If this 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.