City of Philadelphia
2004 School Income Tax

MAKE NO MARKS IN THIS AREA

4 3 0 4

DUE DATE: APRIL 15, 2005

If this is an amended return, check here: ☐

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

Your Name
Spouse's Name
Address

Your Social Security Number

☐☐☐ - ☐☐ - ☐☐☐☐

Spouse's Social Security Number

☐☐☐ - ☐☐ - ☐☐☐☐

To request a cancelation of this account, use a Change Form available at www.phila.gov/revenue. Instructions for lines 1 through 15 are on pages 2 and 3 of the instruction booklet.

If you were a partial year resident in 2004 refer to page 4, and enter dates of residency here: ☐☐ - ☐☐ - ☐☐ **to:** ☐☐ - ☐☐ - ☐☐

1.	Net Taxable Dividends (School Income Tax Regulation 203(a))	1. ☐, ☐☐☐, ☐☐☐.00
2.	Taxable Interest (Reg. 203(b))	2. ☐, ☐☐☐, ☐☐☐.00
3.	"Subchapter S" Corporation (Reg. 203(a)). If loss, enter "0".	3. ☐, ☐☐☐, ☐☐☐.00
4.	Limited Partnership Income (Reg. 203(i)). If loss, enter "0".	4. ☐, ☐☐☐, ☐☐☐.00
5.	Taxable Income received by a Beneficiary from an Estate or Trust (Reg. 205))	5. ☐, ☐☐☐, ☐☐☐.00
6.	Net Short Term Capital Gains **(Held 6 months or less)** (Reg. 203(d). If loss, enter "0"	6. ☐, ☐☐☐, ☐☐☐.00
7.	Net Rental Income (Reg. 203(c)). If loss, enter "0"	7. ☐, ☐☐☐, ☐☐☐.00
8.	Other Taxable Income (Reg. 203(e, f, g and h))	8. ☐, ☐☐☐, ☐☐☐.00
9.	Total Taxable Income (add lines 1 through 8))	9. ☐, ☐☐☐, ☐☐☐.00
10.	Deductible Expenses (Reg. 204(a))	10. ☐, ☐☐☐, ☐☐☐.00
11.	Total Taxable Income (line 9 less line 10)	11. ☐, ☐☐☐, ☐☐☐.00
12.	Gross Tax Due (line 11 X .044625)	12. ☐, ☐☐☐, ☐☐☐.00
13.	Credit from overpayment of prior year or tax previously paid with an extension coupon	13. ☐, ☐☐☐, ☐☐☐.00
14.	**TAX DUE** If line 12 is greater than line 13, enter the difference here	14. ☐, ☐☐☐, ☐☐☐.00
15.	If line 13 is greater than line 12, enter the **OVERPAYMENT** to be: A. Refunded. **Do not file a separate Refund Petition.**	15A. ☐, ☐☐☐, ☐☐☐.00
	OR B. Applied to the 2005 School Income Tax	15B. ☐, ☐☐☐, ☐☐☐.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 #_____

Spouse's Signature_____ Date_____ Phone #_____

Preparer Signature_____ Date_____ Phone #_____