

2022 SCHOOL INCOME TAX
CITY OF PHILADELPHIA - DEPARTMENT OF REVENUE
DUE DATE: APRIL 18, 2023

PHTIN	
EIN	
SSN	

First Name	MI	Last Name	Taxpayer E-mail Address	
SIT Test 1				
Street Address		Apt / Suite	City	State Zip / Postal Code

SPOUSE'S INFO IF APPLIES:	Spouse's SSN	Spouse's First Name	MI	Spouse's Last Name
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If you were a partial year resident in 2022, refer to page 1 of instructions and enter dates of residency here: _____ to _____

Check Box If Applies: ☐ Address Change ☐ Amended Return ☐ Final Return: (add Cease Date) 1 2 - 3 1 - 2 0 2 2

1. Net Taxable Dividends (School Income Tax Regulation 203(a)).....	1.	30,500
2. Taxable Interest (Reg. 203(b)).....	2.	
3. "Subchapter S" Corporation Income Distribution (Regs. 203(j)).....	3.	
4. Limited Partnership Income (Reg. 203(i)). If loss, enter "0" (zero).....	4.	
5. Taxable Income received by a Beneficiary of an Estate or Trust (Reg. 205).....	5.	
6. Net Short Term Capital Gains (held 6 months or less) (Reg. 203(d) and 204(b)). If loss, enter "0" (zero).....	6.	450
7. Net Rental Income (Reg. 203(c)). If loss, enter "0" (zero).....	7.	
8. Other Taxable Income.....	8.	
9. Total Taxable Income (Add lines 1 through 8).....	9.	30,950
10. Deductible Expenses (cannot exceed line 9) (Reg. 204(a)).....	10.	225
11. Net Taxable Income (Subtract line 10 from line 9).....	11.	30,725
12. Gross Tax Due (Multiply line 11 by .037900).....	12.	
13. Credit from overpayment of prior year or tax previously paid with an extension coupon.....	13.	
14. TAX DUE If Line 12 is greater than Line 13, enter the difference here and on the PAYMENT COUPON	14.	
OVERPAYMENT OPTIONS If Line 12 is less than Line 13, enter the amount to be:		
15A. REFUNDED . Do not file a separate Refund Petition.....	15a.	
OR		
15B. APPLIED to the 2023 School Income Tax.....	15b.	

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 # _____

