

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 4 - Zero				
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. Net Taxable Dividends (School Income Tax Regulation 203(a))..... | 1. _____ |
| 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. _____ |
| 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. _____ |
| 10. Deductible Expenses (cannot exceed line 9) (Reg. 204(a))..... | 10. _____ |
| 11. Net Taxable Income (Subtract line 10 from line 9)..... | 11. _____ |
| 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 # _____

