

TEMPLE UNIVERSITY
CITY WAGE TAX REFUND APPLICATION FORM
(For University Employees Only)

ORGANIZATION: _____

SOCIAL SECURITY NUMBER : _____

EMPLOYEE NAME: _____
(Please Print)

DEPARTMENT NAME: _____

I hereby certify to the following:

1. That I am not a resident of the City of Philadelphia
2. That I did not work in Philadelphia during the time indicated below.
3. That Philadelphia wage taxes were withheld from my pay for the period indicated below.
4. The time indicated below does not include vacation, holiday and sick time.

Dates worked outside of the City of Philadelphia:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Days: _____

Note: Please submit refund requests by month. All requests for refunds must be accompanied by supporting documentation.

Employee Signature

Date

Authorized (Printed Name and Signature)

Date