

PHILADELPHIA TAX STATUS CERTIFICATION REQUEST

CITY OF PHILADELPHIA DEPARTMENT OF REVENUE

STAFF USE ONLY: PHA PHDC PIDC PPA PRA PLB OTHER _____

Taxpayer Name: _____ Date: _____

Taxpayer Trading As: _____

Home Address: _____

Business Address: _____ Business Phone #: _____

1. Are you a Registered Taxpayer/Entity? YES NO

If so, provide your Federal Employer Identification Number here: _____

If so, provide your Philadelphia Tax Account Number here: _____

If so, provide your Social Security Number here: _____

2. Is taxpayer/entity presently delinquent in any City of Philadelphia or Philadelphia School District taxes? YES NO

If so, what tax and amount owed: \$ _____

3. Is taxpayer/entity presently delinquent in Water and Sewer charges? YES NO

If so, amount owed: \$ _____

4. Has taxpayer/entity ever been sued by the City of Philadelphia or the Philadelphia School District? YES NO

Has taxpayer/entity declared bankruptcy? YES NO

If so, list date and nature of lawsuit or filing date of bankruptcy petition: _____

5. Is taxpayer/entity involved in any other business activity? YES NO

If so, list company name(s) and account number(s) here: _____

I hereby affirm that the information provided above is true and correct to the best of my knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. Sec. 4904 relating to unsworn falsification to authorities.

Name: (Please Print) _____

Title: _____

Signature: _____

Date: _____