



DREXEL UNIVERSITY COLLEGE OF MEDICINE

CLINICAL FACULTY MONTHLY PAYROLL ONLY

PHILADELPHIA CITY WAGE TAX ALLOCATION FORM FOR NON-RESIDENTS OF PHILADELPHIA

FISCAL YEAR JULY 1, 2007 TO JUNE 30, 2008

Employee Name: _____ Employee ID# _____

Department Name: _____ Telephone # _____

Job Title: _____

Employee Home Address

Street: _____

City, State, Zip Code: _____

1. For the fiscal year 2008, the number of days I am scheduled to work outside the City of Philadelphia in a clinical office is: (exclude non-work days) _____

NOTE: This form will not be processed unless a detailed schedule of days worked at a clinical office or hospital location outside Philadelphia is attached.

2. For the fiscal year 2008, the total number of days I am scheduled to work which **excludes** weekends, holidays, and vacation days is **230** days.

3. Divide the result from line 1 above by line 2 and enter here as a percentage. _____ %

This is the percentage of your salary that is excluded from the calculation of Philadelphia City Wage Tax. You are solely responsible for a fair and accurate schedule of the days worked outside the City of Philadelphia. The employee is responsible for maintaining records of time spent outside the city which may be reviewed by the city upon request.

I HEREBY CERTIFY that the statements contained herein and in any supporting schedules or exhibits are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to such penalties as may be prescribed by city ordinance.

Signature of Employee

Date

Print Name

Signature of Department Chair, Director or Dean

Date

Print Name

**Return this form to:
Payroll Department
Drexel University College of Medicine
3201 Arch Street – 4th Floor
Philadelphia, PA 19104**