



**TEMPLE UNIVERSITY HOSPITAL
RESIDENTS/FELLOWS' CITY WAGE TAX REFUND FORM**

Residents/Fellows who do not reside in the City of Philadelphia and who work outside the City of Philadelphia while on a scheduled rotation at another hospital or health care facility can receive a refund of City taxes withheld during this period.

Residents/Fellows must complete this form, have it authorized by their Program Director and Jodi M. Langsfeld, Director of Graduate Medical Education located on the 2nd Floor TUCMC. A copy of the rotation schedule, showing the Resident's name and rotation period, must be attached to this form.

Refunds are made on a quarterly basis. Processing dates are as follows:

Qtr Ending	Payroll Department Deadline	Month Refund Processed by TUHS Payroll
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March 31st.

Apr. 15th.

May

June 30th.

July 15th.

August

September 30th.

October 15th.

November

December 31st.

December 14th.

December

Refund requests received after the above-referenced deadlines will not be processed by the TUHS Payroll Office. **Such requests must be filed directly with the City of Philadelphia.** Incomplete forms or forms received without an attached copy of the rotation schedule or the required signatures will **not** be processed.

TEMPLE UNIVERSITY ID #: _____ - _____ - _____

NAME: _____ **PHONE:** _____
Please print

DEPARTMENT: _____

I hereby certify the following to be true and accurate:

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

**DATES WORKED OUTSIDE
THE CITY OF PHILADELPHIA** From _____ To _____

**EMPLOYEE
SIGNATURE:** _____ **Date:** _____

**PROGRAM
DIR. SIGNATURE:** _____

**AUTHORIZING
SIGNATURE:** _____

Jodi M. Langsfeld, Director of Graduate Medical Education (2-2776)

PLEASE ATTACH A COPY OF YOUR ROTATION SCHEDULE!