



**THE PHILADELPHIA PARKING AUTHORITY**  
**Taxicab and Limousine Division**  
2415 South Swanson Street  
Philadelphia PA 19148  
Phone: 215-683-9895  
Email: [TLDAdmin@philapark.org](mailto:TLDAdmin@philapark.org)

## **Taxicab Assessment Form FY 2019**

**Check this box if you are changing any information such as the company's address, phone, email address.**  
Please note that you must have proper authorization from the certificate holder to change any contact information (i.e. you must be a shareholder, member, officer, key employee or authorization through a power of attorney).

**COMPANY NAME** \_\_\_\_\_

**MAILING ADDRESS** \_\_\_\_\_

**CITY & ZIP** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**Annual Taxicab Assessment for Fiscal Year 2019 is 1% of annual gross receipts from fares charged to passengers for taxicab service within Philadelphia, excluding tips and tolls.**

Check the quarter(s) for which this payment is being submitted and fill in the amount being paid:

<input type="checkbox"/> 1 <sup>st</sup> Quarter 7/01/18-9/30/18	<input type="checkbox"/> 2 <sup>nd</sup> Quarter 10/01/18- 12/31/18	<input type="checkbox"/> 3 <sup>rd</sup> Quarter 01/01/19-3/31/19	<input type="checkbox"/> 4 <sup>th</sup> Quarter 4/01/19- 6/30/19
\$ _____	\$ _____	\$ _____	\$ _____

**Number of Medallions:** \_\_\_\_\_ **Total Assessment Fee Paid \$** \_\_\_\_\_

**Who is paying this assessment:** \_\_\_\_\_

Print name

Identify the above person:

Shareholder/Officer/Member/Key Employee/POA

Driver H- \_\_\_\_\_