



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

## **Taxicab Assessment Form FY 2024**

**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 2024 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:

1<sup>st</sup> Quarter       2<sup>nd</sup> Quarter       3<sup>rd</sup> Quarter       4<sup>th</sup> Quarter  
7/01/23-9/30/23      10/01/23- 12/31/23      01/01/24-3/31/24      4/01/24- 6/30/24

\$	\$	\$	\$
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**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- \_\_\_\_\_