



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

Taxicab Assessment Form FY 2025

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 2025 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:

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
7/01/24-9/30/24 10/01/24-12/31/24 01/01/25-3/31/25 4/01/25- 6/30/25

\$	\$	\$	\$
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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- _____