

INSTRUCTIONS

PETITION FOR APPEAL AND REFUND FORM

(Follow the instructions below for easy completion of your form)

Section A. Fill in all personal information.

Section B. Place a checkmark in the appropriate space to indicate if you are appealing the Occupation Tax only, Per Capita Tax only, or both the Per Capita and Occupation Tax. Continue filling out this section.

Section C. Only needs filled out if someone is representing you (*Attorney, etc.*)

Section D. (*Check appropriate line*)

Line 1 — If you desire a formal hearing.

Line 2 — If you do not desire a formal hearing in person.

Section E. Explain reason for request and add any other information you feel is necessary.

Examples: "I am no longer employed at (*company*) as of (*date*) and am not employed at any other business or self-employed."

"I am a full time student at (*name of school*)."

Section F. Sign and print your Name, Title (*if any*) and Date.

If, after following these instructions, you still have questions, please feel free to call the Township Secretary, Helen Klinepeter, at 834-5281.

The information on this form is for your convenience. It is not an official statement of PA Act 50 (Act). If there is any conflict between the form and the Act, the Act will prevail.

PENN TOWNSHIP

PETITION FOR APPEAL AND REFUND

INSTRUCTIONS: This form is to be used by taxpayers appealing an assessment of tax by the Tax Administrator or an appeal of a denial of claim for refund by the Tax Administrator. Please complete the Petition using blue or black ink or typewritten. Attach a copy of the Assessment Notice being appealed, or if seeking a refund, proof that such tax was paid. Mail this Petition to Helen Klinepeter, Acting Penn Township Hearing Officer, 100 Municipal Building Road, Duncannon, PA 17020. Petitions appealing an Assessment Notice must be received by Helen Klinepeter within before September 1. Petitions requesting a refund must be received within three (3) years of the due date for filing the return or one (1) year after actual payment of the tax, whichever is later. Petitions filed via U.S. Postal Service are considered filed as of the postmark date. Petitions filed via any other method are considered filed on the date received. Answer all questions below as completely as possible. If an item is not applicable, enter "N/A".

SECTION A: TAXPAYER INFORMATION

Last Name _____ First Name _____ Middle Initial _____ Social Security Number _____
Street Address: _____ City _____ State _____ Zip Code _____
Phone Number: () _____ Best Time to Call: _____
Previous Address (if applicable): _____
Street Address _____ City _____ State _____ Zip Code _____

SECTION B: TAX INFORMATION

Type of Tax: _____ Per Capita Tax _____ Occupation Tax _____
Is this Petition for a Refund? _____ Yes _____ No _____ If so, what _____
Tax Year: _____ Quarter: _____ amount? \$ _____
Assessment Notice Mailing Date: _____

SECTION C: TAX REPRESENTATIVE INFORMATION

COMPLETE INFORMATION FOR TAX REPRESENTATIVE (if applicable)

Send all copies of Correspondence to: _____ Representative _____
Is Representative: _____ Attorney _____
Last Name _____ First Name _____ Middle Initial _____ CPA _____ Other _____
Business Name _____
Street Address: _____
City _____ State _____ Zip Code _____
Phone Number () _____

SECTION D: HEARING REQUEST

_____ Hearing Requested (Check if Taxpayer desires a hearing in person)
_____ Hearing Requested Based on Petition and Record (No hearing will be conducted in person)
(If choice is not indicated, hearing will be conducted based on Petition and Record and with a hearing in person)

SECTION E: RELIEF REQUESTED AND ARGUMENTS (Provide proof of argument)

Explain the relief requested and why the relief should be granted. _____

SECTION F: SIGNATURE

All Petitions must be signed by Petitioner or an authorized representative. If signed by an authorized representative, written authorization for the representative to **sign on Petitioner's behalf** must accompany the Petition.

Under penalties prescribed by law, I hereby certify that this Petition has been examined by me and that to the best of my knowledge, information and belief, the facts contained in the Petition are true and correct.

Signature: _____ Date: _____
Print Name: _____ (Taxpayer or Authorized Representative)