

PETITION FOR APPEAL

- 1. Name: Phone Number
2. Address:
3. City/Township/Borough: School District:
4. Type of tax(es) involved:
5. Tax year(s) involved:
6. Amount of tax in dispute:
7. Berkheimer account number(s):
8. This is a petition for appeal of (check one): a refund request a deficiency assessment

If this a petition for appeal of a refund request, please complete the following:

- 9. Date of your original written request for refund: Attach a copy of your original written request for refund to this petition.

If this a petition for appeal of a deficiency assessment, please complete the following:

- 10. Date of the deficiency or delinquency notice you received: Attach a copy of the deficiency or delinquency notice you received to this petition.

If above named taxpayer is represented by an attorney, accountant or other qualified individual, please provide name, address, telephone number and professional occupation below:

- 11. Representative's Name:
13. Representative's Address:
14. Representative's Telephone:
15. Representative's Occupation:

16. For all petitions: please set forth below all of the reasons that support your position. Attach copies of all local tax returns which may apply and all federal and state returns or schedules as they relate to your case. Use additional sheets if necessary.

Multiple horizontal lines for providing reasons and supporting documents.

I, Petitioner, being duly sworn according to law depose and say that the facts set forth in the foregoing Petition for Appeal are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904, relating to unsworn falsification to authorities.

Petitioner

Notice of Hearing

FOR OFFICIAL USE ONLY

A hearing has been scheduled on your petition for appeal for:

Date:

Time:

Place:

The hearing will be before Tax Hearing Officer.