

EXHIBIT "A"

**FORM OF PETITION TO FILE APPEAL FROM DENIAL OF TAX REFUND OR
A DETERMINATION OF A TAX ASSESSMENT OR A COLLECTION
NOTIFICATION**

**The Lehigh County Tax Collection
District**

Petition for Appeal

Instructions

This form is to be used to appeal an assessment of tax, a denial of a claim for refund, or a collection notification. A copy of the Petition may be downloaded from the TCC Web site at www.lehightcc.org. Please complete the Petition using blue or black ink, or type the Petition.

The Petition must be mailed via USPS First Class Mail, delivered in-person, or e-mailed, to the Appeals Board at the following addresses, as applicable:

Mail and delivery in-person:

Lehigh Tax Collection Committee Tax Appeals Board
C/o H.A. Berkheimer, Tax Officer
50 North Seventh Street
Bangor, PA 18013

E-mail:

Lehigh Tax Collection Committee Tax Appeals Board
C/o H.A. Berkheimer, Tax Officer
dltlegal@hab-inc.com

Answer all questions below as completely as possible. If an item is not applicable, enter "N/A."

Attachments required:

- **PETITION TO APPEAL DENIAL OF TAX REFUND REQUEST:**
 - A copy of the notice/determination being appealed;
 - A copy of the original taxpayer written refund request;
 - Proof that the tax for which a refund is requested was paid;
 - A copy of any local tax return which may be associated with the petition to appeal; and
 - Copies of all federal and/or state returns and/or schedules which may relate to the petition to appeal.

- **PETITION TO APPEAL ASSESSMENT FOR TAXES OR COLLECTION NOTIFICATION:**
 - A copy of the notice/determination being appealed;
 - A copy of any local tax return which may be associated with the petition to appeal; and
 - Copies of all federal and/or state returns and/or schedules which may relate to the petition to appeal.

- **Any petition related to a dispute required to be submitted to mediation pursuant to 53 P.S. § 6924.505(k) must include a certification of unsuccessful mediation.**

Section A: Taxpayer Information

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address:

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Fax: _____

Previous Street Address (*if applicable*):

City: _____ State: _____ County: _____ Zip: _____

Social Security Number:

Taxpayer Identification Number:

Section B: Tax Information

Type of Tax:

Is this Petition for a Refund? Yes No If so, what amount? \$

If so, what date was a refund originally requested?

Tax Year: _____ Quarter: _____

School District: _____

Borough: _____ Township: _____

City: _____ Town: _____

County: _____

Section C: Tax Representative Information

Complete Information for Representative *(if applicable)*

Send all copies of correspondence to: _____ Representative

Last Name: _____ First Name: _____ Middle Initial: _____

Is Representative an: ___ Attorney ___ Certified Public Accountant ___ Other Accountant
___ Other Tax Advisor

Business Name:

Street Address:

City: _____ State: _____ County: _____ Zip: _____

Phone: _____ Fax: _____

Section D: Hearing Request/Waiver

_____ Hearing Requested *(Check if Taxpayer desires a hearing in person)*

_____ Hearing Waived *(Appeals Board will make its decision without a hearing based upon the contents of the petition and record before the Appeals Board only, nevertheless the Appeals Board reserves the right to hold a hearing to receive evidence from the petitioner, tax officer or other parties of interest.)*

If choice is not indicated, hearing will be conducted based on Petition and Record and without a hearing in person, unless the Appeals Board decides a hearing is required.

