



pennsylvania

DEPARTMENT OF REVENUE

Board of Appeals
PO BOX 281021
Harrisburg PA 17128-1021

BOARD OF APPEALS PETITION FORM

FOR INTERNAL USE ONLY

GENERAL INSTRUCTIONS: Please type or print neatly in blue or black ink. Attach a copy of the notice being appealed. Mail this petition to the address above. Petitions filed via the U.S. Postal Service are considered filed as of the postmark date. The department does not recognize meter dates. Petitions filed by any other method are considered filed on the date received by the department. Petitions may also be faxed to 717-346-2011.

TAX INFORMATION:

Sales Tax Employer Withholding Corporation Tax Personal Income Tax Other _____

Account ID Number _____ Federal Employer Identification Number _____ Revenue ID Number _____

Tax Period: Begin _____ End _____

Is this a petition for refund? Yes No If yes, Cash Credit Total Refund Requested \$ _____

If petition is in regard to sales tax, please list amount(s) below:

PA Tax Refund \$ _____ Philadelphia Tax Refund \$ _____ Allegheny County Tax Refund \$ _____

Has any portion of this request been included in another petition for refund or requested in a current or prior audit?

Yes No If yes, please provide relevant docket number _____ and/or assessment number _____.

Is this a petition for reassessment/review of tax, penalty and/or interest? Yes No

Notice Number _____ Notice Mailing Date _____ Assessment Amount \$ _____

PETITIONER INFORMATION:

Corporation Individual Partnership (Attach a list of partners and addresses.) Other _____

Estate Date of Death _____ (required for estates & personal income tax fiduciary appeals.)

Business Name _____

Trade Name _____

Individual Last Name _____ First Name _____ MI _____

Social Security Number _____ **PRIVACY NOTIFICATION:** The department is authorized under federal law, 42 U.S.C. § 405 (c), to use your Social Security number in administering state tax law. The department uses your Social Security number to establish your identity and to process your appeal.

Street Address _____ City _____ State _____

Country _____ ZIP Code +4 _____ Website _____

Telephone _____ Fax _____ Email Address _____

Contact Person _____ Contact Phone Number _____

REPRESENTATIVE INFORMATION:

Representation by an attorney, CPA or other person is not required. However, if so represented, complete this area.

Business Name _____

Individual Last Name _____ First Name _____ MI _____

Street Address _____ City _____ State _____

Country _____ ZIP Code +4 _____ Website _____

Telephone _____ Fax _____ Email Address _____

Contact Person _____ Contact Phone Number _____

SCHEDULING REQUEST:

Hearing requested.

No hearing requested. Please decide on basis of the petition and record.

This case to be held pending action of court on the same issue(s).

Case Number _____ Court Citation Number _____

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DOCKET # _____

EXAMINER _____

PETITION DUE _____

