

UNITED
SCHOOL DISTRICT

ADMINISTRATIVE
REGULATION

621-AR-6. PETITION FOR APPEAL

Taxpayer Name: _____

Address: _____

City/Township/Borough: _____

Phone Number: _____

Representative of Taxpayer Name: _____

Address: _____

Phone: _____

1. Type of tax(es) involved: _____

2. Tax year(s) involved: _____

3. Amount of tax in dispute: _____

4. Berkheimer account number(s) if applicable: _____

5. This is a petition for appeal of (check one): ___ a refund request ___ a deficiency assessment

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

6. Date of your original written request for refund: _____

(Attach a copy of the deficiency or delinquency notice you received to this petition.)

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

7. Date of deficiency or delinquency notice you received: _____

(Attach a copy of the deficiency or delinquency notice you received to this petition.)

8. *For all petitions:* please set forth on the back 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.

9. Are you requesting a hearing? Yes _____ No _____

Notice Of Hearing

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

Date: _____ Time: _____

Place: _____

The hearing will be before _____, Tax Hearing Officer.

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Statement specifying relief and related data: _____

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. I further assert that this petition if not being filed for the purpose of delay.

Petitioner

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