



**BOARD OF APPEALS
PETITION FORM**

PLEASE MAIL TO:
PA DEPARTMENT OF REVENUE
BOARD OF APPEALS
PO BOX 281021
HARRISBURG, PA 17128-1021

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 above address. 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 via any other method are considered filed on the date received by the Department.

TAX INFORMATION:

Sales Tax Employer Withholding Tax Corporation Tax Personal Income Tax Other _____

Account ID # _____ Federal Employer Identification # _____

Tax Period: Begin _____ End _____

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

If refund is in regard to PA Sales Tax, please list proportion below:

6% State Refund \$ _____ 1% Philadelphia Refund \$ _____ 1% Allegheny 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 # _____ and/or assessment # _____

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

Notice # _____ Notice Mailing Date _____

PETITIONER INFORMATION:

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

Estate Date of Death _____ (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 this 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 _____ - _____ Web site _____

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 _____ - _____ Web site _____

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 # _____ Court Citation # _____

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DOCKET # _____

EXAMINER _____

PETITION DUE _____

CORRESPONDENCE WITH THE BOARD OF APPEALS:

Communications, including the Board's Final Decision and Order, may be transmitted to you or your representative via e-mail by making the election on the petition form. Electronic communications via e-mail are unsecured. If you elect to receive communications via e-mail, you and your representatives assume the responsibility for the confidentiality of the information contained in the e-mail both sent to and from the Board of Appeals. The Commonwealth will not be held liable for the disclosure of any confidential information sent via e-mail.

Send correspondence to (select only one): Petitioner or Representative

Send correspondence via (select only one): U.S. Mail or E-mail

Send Decision and Order via (select only one): U.S. Mail or E-mail

ISSUES:

Itemize the issue(s) involved. (What is the subject of appeal?)

ARGUMENTS:

Explain in detail why the relief should be granted. Attach additional pages if necessary. Enclose copies of any supporting documents. Petitions for Refund must be accompanied by proof of payment of the tax to the Commonwealth and copies of invoices, credit memoranda, exemption certificates, etc. where relevant. Copies of canceled checks must include the front and back of the check. When submitting Sales and Use Tax appeals (audit reassessments or refunds), complete and attach APPEAL SCHEDULE (REV-39), following the instructions found on the reverse side of the form. Appeal schedules can be submitted on computer disk. A spreadsheet may also be created, using REV-39 as a guide. For information and instructions call (717) 783-3664. (The petition form and schedule are available on the Board's online Petition Center at www.boardofappeals.state.pa.us)

SIGNATURES:

All Petitions must be signed by the Petitioner or authorized Representative. The Department does require an original signature; therefore, no faxed, photocopied or ink stamped signatures will be accepted. If signed only by an authorized Representative, written authorization must accompany the Petition. If Petitioner is a corporation, a corporate officer must sign.

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, correct and complete and the Petition is not made for the purpose of delay. Also, if this is a Petition for Refund, I hereby certify that the refund requested has not been granted in an audit report nor has it been included in any other Petition for Refund.

Petitioner's Name and Title _____

Petitioner's Signature _____ Today's Date _____

Representative's Name and Title _____

Representative's Signature _____ Today's Date _____