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## PETITION FOR ADMINISTRATIVE APPEAL

INSTRUCTIONS: This form is to be used by the taxpayer to appeal an assessment of eligible tax (other than real property taxes) levied by the <u>City of York, Pennsylvania (the "City")</u> AND/OR to appeal a denial of a claim for refund of taxes previously paid. Please type or print legibly. Attach a copy of the Notice of Assessment being appealed, or if seeking a refund, proof that such tax was paid. Mail or deliver the Petition to: **Executive Director, York Adams Tax Bureau, 1405 North Duke Street, PO Box 15627, York, PA, 17405.** For additional information call: (717) 845-1584.

**Petitions appealing a Notice of Assessment must be received by the York Adams Tax Bureau within ninety (90) days of the date of the Notice of Assessment.** Petitions for refunds must be received by the City no later than: (a) three years of the due date for filing the tax return; or (b) one year after the actual payment of the tax. Petitions filed by mail will be considered filed as of the postmark date. Answer all questions below as fully as possible. If an item is not applicable, enter "N/A".

## **SECTION A: TAXPAYER INFORMATION**

Last Name	First Name	Middle Initial
2007 1 (011)	1110011101110	1/114414 1111/141
Street Address		
City	Stata	Zin Cada
City	State	Zip Code
Phone Number	Fax Number	
Previous Street Address (if applicable)		
Social Security Number	Taxpayer Identification Number (Account Number)	
Doctor Decurity I turnous	rapayer racinification runned (Account runned)	

## **SECTION B: TAX INFORMATION:**

Type of Tax			
Is this Petition	on for a Refund?	If so, in what a	amount?
Tax Year(s)	:	Quarter(s):	
Date of Noti	ice of Assessment:		
		NTATIVE INFORMATION R REPRESENTATIVE (if applic	
I hereby no	ominate the following	as my representative:	
Last Name		First Name	Middle Initial
Is Representative an:		[ ] Attorney	[ ] Certified Public Accountant
		Other Accountan	t [ ] Other Tax Advisor
Business Na	ame:		
Street Addr	ess:		
City		State	Zip Code
I would like	copies of all correspond	dence sent to my representative.	[ ]
SECTION	D: HEARING REO	<u>UEST</u>	
[ ]	Hearing Requeste	d. (Check if Taxpayer desire	es a hearing in person.)
[ ]	information contact the York Area Tax	ined in this Petition and on the Bureau. No hearing will be will be conducted based on the	is matter will be based on the Record provided by the City and scheduled. (If choice is not ne Petition and Record without a

SECTION E: RELIEF REQUESTED & ARGUMENTS Explain the relief requested:
Explain in detail why the relief requested above should be granted. Attach additional pages if necessary. Enclose copies of any documents you feel will support your arguments. Petitions for refund must be accompanied by proof of payment of the tax.
SECTION F: SIGNATURE
All Petitions must be signed by the Petitioner or Authorized Representative. If signed by an Authorized Representative, written authorization for the representative to sign on the Petitioner's behalf must be accompanied by the Petition.
Under penalties prescribed by the 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 and correct and this Petition is not filed for purposes of delay.
Signature:
(Taxpayer or Authorized Representative)
Print Name:

Dated: