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## **ADMINISTRATIVE APPEAL PETITION**

The Adams County and York County Tax Collection Committees have established and provide for an administrative process to receive and produce a determination on petitions from taxpayers pertaining to the assessment, determination or refund of an eligible tax. This administrative process consists of the provision for a hearing and decision by a Tax Appeals Board appointed separately by each of the Tax Collection Committees.

Deadlines for filing of a timely petition are as follows (when received by mail, the date of the filing is determined by the United States Postal Service, or other mail service, postmark):

1. Refund petitions must be filed within three (3) years after the due date for filing the tax returns as extended, or one (1) year after the actual payment of the tax, whichever is later.
2. Petitions for reassessment of an eligible tax shall be filed within ninety (90) days of the date of the assessment. The form and content of the petition shall be in conformity with the Bureau's adopted regulations specifying the form and content of petitions, including the process and deadlines. These regulations shall not be governed by 2 Pa. C.S Chapter 5, subchapter B (relating to judicial review of local agencies), since the Bureau has adopted regulations governing practice and procedure under PA Act 50, approved May 5, 1998.
3. Mail or present this Administrative Appeal Petition form, when completed, to the address on this letterhead c/o the Bureau Executive Director.

A mutually agreeable time and date shall be scheduled during normal Bureau office hours for the purpose of conducting a hearing at the Bureau office.

**ADMINISTRATIVE APPEAL PETITION**

Please specify the type of tax and the tax years involved in this administrative appeal petition:

**The tax type is:** \_\_\_\_\_

**The tax year(s) is/are:** \_\_\_\_\_

**My appeal petition involves the following information or the enclosed information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Taxpayer's full name (please print):** \_\_\_\_\_

**Taxpayer's Social Security number:** \_\_\_\_\_

**Taxpayer's address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Daytime phone number:** (\_\_\_\_\_) \_\_\_\_\_

**I wish to have the following named person accompany me to the requested administrative appeal hearing (please print):**

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**AFFADAVIT**

I do hereby affirm that the facts and information contained in the above petition, and in all accompanying exhibits and/or addendums attached hereto and submitted herewith, and that all verbal and written information imparted to the York Adams Tax Bureau in connection with this appeal is/are true and correct to the best of my knowledge, information and belief, and I further understand that false statements are made subject to the penalties of 18 Pa. C.S.A. Section 4904 relating to unsworn falsifications to authorities.

\_\_\_\_\_  
Signature of Taxpayer Date

\_\_\_\_\_  
Signature of Taxpayer Representative Title