

BERKS EARNED INCOME TAX BUREAU

Tax Appeal Petition

1. Petitioner Information.

<p><i>If Individual Petition:</i></p> <p>Name: _____</p> <p>Address: _____ _____</p> <p>Phone: _____</p> <p>SSN*: _____</p> <p>Email Address: _____</p>	<p><i>If Employer Petition:</i></p> <p>Employer Name: _____</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Contact Address: _____ _____</p> <p>Contact Phone: _____</p> <p>EIN*: _____</p> <p>Email Address: _____</p>
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*SSN means social security number; EIN means employer identification number

<p><i>If Political Subdivision Petition:</i></p> <p>Political Subdivision Name: _____</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Contact Address: _____ _____</p> <p>Contact Phone: _____</p> <p>Email Address: _____</p>	<p><i>If Tax Collector or Tax Collection Committee Petition:</i></p> <p>TCC Name: _____</p> <p>Collector Name: _____</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Contact Address: _____ _____</p> <p>Contact Phone: _____</p> <p>Email Address: _____</p>
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If the petitioner has designated a professional representative under paragraph 15 below, petitioner understands that the Tax Appeal Board will direct notices and communications to the professional representative rather than to petitioner.

Concerning information requested below, the petitioner may provide answers immediately following the applicable question. Alternatively, the petitioner may after the applicable question indicate the answer is provided in an attachment, and provide the appropriate attachment.

- 2. Please list the type of tax this appeal involves and the school district or municipality that levies or imposes the tax.**

- 3. Please list the amount of tax at issue, the tax year this appeal relates to and, if this is an employer petition, the quarter or monthly payment period to which this appeal relates.**

- 4. Please state what Tax Collector determination, action, or failure to act is being appealed. Attach a copy of any written determination or action. If this is a refund petition and there has been no prior denial of a refund request, state all facts relevant to the refund petition.**

- 5. Is this matter subject to mandatory DCED mediation because it is a claim by a Taxing Authority, tax collection committee, or another tax collector involving 10% or greater deviation from taxes received in the prior year?**

- 6. Have you received notice that this matter is subject to mandatory DCED mediation?**

- 7. Is there any agreement with the other party to submit this matter to DCED mediation?**

- 8. If the answer to either #5, #6, or #7 above is “Yes,” please indicate the status and/or outcome of the mediation.**

9. Please attach a copy of any tax return and all other written documents relevant to this matter.

10. Please list here all documents attached to this petition:

11. Please concisely state the relief sought in this petition.

12. Please concisely state all facts relevant to the Board’s consideration of this petition.

[Important Note: Per Tax Appeal Board Regulation 406, please note that if you are seeking waiver of interest, penalties, or late fees, this petition **must** allege facts that (if proven) would entitle you to the waiver under the Tax Collector’s “**Interest, Penalty, and Late Fee Waiver Policy.**” If you are seeking waiver of interest, penalties, or late fees, we strongly encourage you to review Tax Appeal Board Regulation 406 and the Bureau’s Waiver Policy. Both documents are posted at www.berkseit.com.]

13. Please concisely state your legal arguments supporting this petition, including citation of relevant statutes, regulations, court cases, or other legal authority.

14. Please concisely state any other information you deem relevant.

15. If a professional representative will represent you in connection with this petition, please provide the following:

Representative Name: _____
Title: _____
Address: _____

Phone: _____
Email Address: _____

The petitioner authorizes the Tax Collector and the Tax Appeal Board to release to this professional representative any confidential information relating to the petitioner.

Petitioner Signature and Verification

I verify that the facts set forth in this Tax Appeal Petition are true and correct to the best of my knowledge, information, and belief. This Petition is not filed for purposes of delaying payment of tax or delaying compliance with any other legal obligation. I understand that false statements in this Tax Appeal Petition are punishable under the Pennsylvania Crimes Code, 18 Pa.C.S.A. § 4904.

Date: _____
_____ Petitioner Signature

A petition may be filed by any of the following means:

By mail: Sent to the attention of Jason Confair, Esq., Kegel Kelin Almy & Lord LLP, 24 North Lime Street, Lancaster, PA 17602. A petition delivered by mail will be deemed filed when postmarked by the United States Postal Service.

By email: Sent to the attention of Jason Confair, Esq. at confair@kkallaw.com. A petition delivered via email will be deemed filed on the date a complete, accessible, and legible copy of the email is received.