



York Office
1405 N. Duke St.
PO Box 15627
York, PA 17405-0156
Phone (717) 845-1584
Fax (717) 854-6376
<http://www.yatb.com>

Gettysburg Office
240 West Street
Gettysburg, PA 17325
Phone (717) 334-4000
Fax (717) 337-2565
taxpayerservices@yatb.com

PETITION FOR ADMINISTRATIVE APPEAL

The Adams County and York County Tax Collection Committees have established an administrative process to receive and produce a determination on petitions from taxpayers pertaining to the assessment, determination or refund of Earned Income 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.

Appeals relating to other eligible taxes may be heard by the Appeal Hearing Office appointed by the resident municipality of the taxpayer, employer or business.

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.



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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 taxing authority of _____

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 Bureau 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
_____ Street Address		
_____ City	_____ State	_____ Zip Code
_____ Phone Number		_____ Fax Number
_____ Previous Street Address (if applicable)		
_____ Social Security Number		_____ Taxpayer Identification Number (Account Number)

SECTION B: TAX INFORMATION:

Type of Tax

Is this Petition for a Refund?

If so, in what amount?

Tax Year(s):

Quarter(s):

Date of Notice of Assessment:

SECTION C: TAX REPRESENTATIVE INFORMATION

COMPLETE INFORMATION FOR REPRESENTATIVE (if applicable)

I hereby nominate the following as my representative:

Last Name

First Name

Middle Initial

Is Representative an:

☐

Attorney

☐

Certified Public Accountant

☐

Other Accountant

☐

Other Tax Advisor

Business Name: _____

Street Address: _____

City

State

Zip Code

I would like copies of all correspondence sent to my representative. ☐

SECTION D: HEARING REQUEST

☐

Hearing Requested. (Check if Taxpayer desires a hearing in person.)

☐

Hearing is **NOT** Requested. The Decision in this matter will be based on the information contained in this Petition and on the Record provided by the taxing authority and the York Adams Tax Bureau. No hearing will be scheduled. (If choice is not indicated, hearing will be conducted based on the Petition and Record without a hearing in person.)

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:
