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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 City of York, Pennsylvania (the "City") 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
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 City and the York Area 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:
