

LOWER MACUNGIE CODE

SECTION B: TAX INFORMATION

TYPE OF TAX: _____

TAX PERIOD: _____

AMOUNT OF TAX PAID: _____

AMOUNT OF REFUND/CREDIT SOUGHT: _____

**SECTION C: REPRESENTATIVE INFORMATION
COMPLETE INFORMATION FOR REPRESENTATIVE (if applicable)**

Send all copies of Correspondence to: _____ Representative

Last Name First Name Middle Initial

Representative is an ___ Attorney ___ Certified Public Accountant
___ Other Accountant ___ Other Tax Adviser

Business Name: _____

Street Address: _____

City State County Zip Code

Phone Number: (____)____-____ Fax Number: (____)____-____

SECTION D: EXPLANATION OF REFUND OR CREDIT CLAIM & ARGUMENTS

Explain in detail why the Refund or Credit Claim requested above should be granted. Attach additional pages if necessary. Enclose copies of any documents you feel will support your arguments. Refund or Credit Claims must be accompanied by proof of payment of the tax.

TAXATION; SPECIAL

CHECK APPROPRIATE LINE:

____ Please pay any refund by check.

____ Please credit any refund.

CREDIT MY REFUND TO THE FOLLOWING TAX(ES):

I/We DO ____ DO NOT ____ request a Hearing.

AFFIDAVIT

I affirm that this information is 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. § 4904, relating to unsworn falsification to authorities.

Date: _____

(Signature of Taxpayer)

FOR OFFICIAL PURPOSES ONLY

Date complete and accurate petition is received, if different from original date of receipt of the Petition: _____

/s/