

TAXATION; SPECIAL

24 Attachment 6

Township of Lower Macungie

Date Received by _____

**LOWER MACUNGIE TOWNSHIP
PETITION FOR ADMINISTRATIVE APPEAL**

INSTRUCTIONS: This form is to be used by taxpayers appealing an assessment of tax by the Tax Administrator or an appeal of a denial of a claim for refund by the Tax Administrator. Please complete Petition using blue or black ink, or type petition. Attach a copy of the Assessment Notice being appealed, or if seeking a refund, proof that such tax was paid. Mail this Petition to the Tax Board of Appeals, Lower Macungie Township, 3400 Brookside Road, Macungie, Pennsylvania 18062. Petitions appealing an Assessment Notice must be received by the Appeals Board within 90 days of the date of the Assessment Notice. Petitions for refunds must be received by the Appeal Board within the later of: (a) three years of the due date for filing the return or (b) one year after actual payment of the tax. Petitions filed via U.S. Postal Service are considered filed as of the postmark date. Petitions filed via any other method are considered filed on the date received. Answer all questions below as completely as possible. If an item is not applicable, enter "N/A."

SECTION A: TAXPAYER INFORMATION

NOTE: A separate Petition is required for each tax and tax period.

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street

City State Zip Code

TELEPHONE: (____) ____-____ FAX: (____) ____-____

Social Security No.: _____

Taxpayer Identification No.: _____

LOWER MACUNGIE CODE

SECTION B: TAX REPRESENTATIVE INFORMATION

COMPLETE INFORMATION FOR TAX REPRESENTATIVE (if applicable)

Send all copies of Correspondence to: _____ Representative

Is Representative an _____ Attorney _____ Certified Public Accountant
_____ Other Tax Advisor

REPRESENTATIVE* (if any):

NAME: _____
Last Name First Name Middle Initial

ADDRESS: _____
Street

_____ City State County Zip Code

TELEPHONE: (____) ____-____ FAX: (____) ____-____

FIRM NAME: _____

SECTION C: TAX INFORMATION AND ARGUMENTS

TYPE OF TAX: _____ REFUND _____ CREDIT

TAX PERIOD: _____

AMOUNT OF TAX PAID: _____

IS THIS PETITION FOR A REFUND OR CREDIT? _____ YES _____ NO

AMOUNT OF REFUND/CREDIT SOUGHT: _____

ALTERNATE OR OTHER RELIEF REQUESTED: _____

* A representative must possess appropriate education, training, or experience to represent a taxpayer in these tax-related matters. A representative need not be an attorney or a certified public accountant. Listing of the representative constitutes taxpayer's authorization of representation.

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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 D: HEARING REQUEST

- Hearing Requested (Check if Taxpayer desires a hearing in person)
- Hearing Requested Based on Petition and Record (No hearing will be conducted in person)

(If choice is not indicated, hearing will be conducted based on Petition and Record and without a hearing in person)

SECTION E: SIGNATURE AND AFFIDAVIT

All Petitions must be signed by Petitioner or an authorized representative. If signed by an authorized representative, written authorization for the representative to sign on Petitioner's behalf must accompany the Petition.

I affirm that this information is true and correct. I further understand that false statements made herein are subject to the penalties of 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

Signature: _____
(Taxpayer or Authorized Representative)

Print Name: _____
(Taxpayer or Authorized Representative)

Title: _____

Date: _____

LOWER MACUNGIE CODE

FOR OFFICIAL PURPOSES ONLY

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

_____ Name

_____ Title