

TAXATION; SPECIAL

24 Attachment 1

Township of New Hanover

Instructions to Taxpayer. This is the official form to be used to petition the Board of Supervisors of New Hanover Township for review of a tax assessment determination or to request a refund of taxes you have paid to New Hanover Township. This form is to be used only with respect to the taxes noted herein. THIS FORM IS NOT TO BE USED FOR ANY ACTION RELATING TO ASSESSMENT OF REAL ESTATE TAXES.

All information requested in this form must be given. If you fail to provide any requested information, this petition will be null and void. This petition must be delivered, by mail, personal delivery or other carrier, addressed as follows:

Township Manager
New Hanover Township
2943 N. Charlotte Street
Gilbertsville, PA 19525

The New Hanover Township Board of Supervisors will review your petition in executive session. You will be notified by the Township of the date on which your appeal will be considered, which will be within 60 days of the date the Township receives this properly completed petition from you. You should review the Local Taxpayer Bill of Rights available from the Township Manager's office.

YOU ARE ENTITLED TO RECEIVE A WRITTEN EXPLANATION OF YOUR RIGHTS WITH REGARD TO THE AUDIT, APPEAL, ENFORCEMENT, REFUND AND COLLECTION OF LOCAL TAXES BY CALLING THE TOWNSHIP MANAGER AT (610) 323-1008, MONDAY THROUGH FRIDAY, DURING NORMAL BUSINESS HOURS.

1. Name of Taxpayer: _____

2. Physical Address or Taxpayer: _____

(P.O. Box is insufficient) _____

3. Mailing Address of Taxpayer if different from above:

4. Daytime Telephone Number of Taxpayer: _____

5. If the Taxpayer is not an individual, state the type of legal entity, the name of the person affiliated with the Taxpayer to whom correspondence and

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other notices should be directed, the title of the named individual and the daytime telephone number of the named individual:

Type of Entity: _____

Name: _____

Address: _____

Telephone No.: _____

6. Federal Employer Identification Number of Social Security Number of the Taxpayer: _____

7. This is a petition relating to the following tax:

Earned Income and Net Profits Tax Per Capita Tax

Occupational Privilege Tax

Off-Premises Sign Tax

Real Estate Transfer Tax

Solid Waste Facility Tax

8. Is this petition requesting a refund?

No. (If no, go to question 9.) Yes. (If yes, provide the information requested below)

a. This refund petition relates to taxes for the following tax year(s):

Tax Year

Amount to be Refunded

b. Did you file a return or report with respect to the tax you want refunded?

Yes. No.

c. If you filed a tax return or report with respect to the tax you want refunded, state the date on which you filed the tax return or report:

d. With respect to each payment of taxes, or portion thereof, which you seek to have refunded, state the date on which each payment was made, and the amount of each payment.

Date of Payment(s)

Amount(s)

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e. Attach copies of the tax return(s) or report(s) you filed relating to the tax(es) you want refunded. Also attach copies of canceled checks or other receipts showing the amounts paid.

9. Is this petition requesting a reassessment of taxes?

No. (If no, go to question 8.) Yes. If yes, provide the information requested below.)

a. State the date of the tax assessment notice, notice of underpayment or other notice you received from the Township concerning the assessment of this tax.

b. You must attach a copy of the tax assessment notice, notice of underpayment or other notice you received from the Township or its Tax Collector concerning the assessment of this tax.

c. Attach copies of any tax report(s) or return(s) you filed concerning the assessed tax(es), and all documents on which you rely to challenge the Township's or Tax Collector's assessment. You may submit copies of your Federal or State tax return for the year covered by the assessed tax, and any other documents you believe will help the Board of Supervisors in considering your request for reassessment. You are not required to provide copies of your Federal income tax return unless the Township demonstrates it is reasonably necessary and the information needed by the Township is not available from other sources.

10. State the nature of your claim for refund or reassessment and include details as to the accounting and legal basis for your claim (please attach additional sheets of paper if there is not sufficient room below).

11. If the taxpayer is an individual, he/she must verify this petition by completing the verification below:

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VERIFICATION

I/We, _____, hereby certify that the information given in this petition is true, complete and correct to the best of my/our knowledge, information and belief. I/We make this verification under and pursuant to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Sign: _____ Sign: _____

Print Name: _____ Print Name: _____

10. If the taxpayer is not an individual, the taxpayer's authorized representative must verify this petition by completing the verification below:

VERIFICATION

I, _____, hereby certify that I am authorized by the taxpayer, _____, to file this petition and make this verification. I hereby certify that the information given in this petition is true, complete and correct to the best of my knowledge, information and belief. I make this verification under the pursuant to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Sign: _____
Print Name: _____
Title: _____

FOR OFFICIAL USE ONLY

Postmark of Petition: _____

Date if receipt of fully complete Petition by Township: _____

Action by Township:

Petition is timely filed: ___ Yes ___ No

Additional information requested from taxpayer:

___ Yes DATE _____ ___ No

Additional information received from Taxpayer:

___ Yes DATE _____ ___ No

Petition returned to taxpayer as incomplete:

___ Yes DATE _____ ___ No

Submitted to Board of Supervisors for hearing on _____

Additional hearing date(s) _____

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DECISION

AND NOW, this ____ day of _____, ____ (date and year), upon consideration of the Petition of _____ (taxpayer):

- The petition is denied as having been untimely filed.
- The petition is denied because we find no grounds to reassess or refund the subject tax(es). The taxpayer may appeal this decision by filing an action in the Court of Common Pleas of Montgomery County, Pennsylvania, within 30 days of the date of this determination.
- The Petition is granted and the Township shall make the following refund:

| Type of Tax | Tax Year | Refund Amount |
|-------------|----------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

- The Petition is granted and the Township shall reassess the taxes as follows:

| Type of Tax | Prior Assessment | Recommended Assessment |
|-------------|------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

This Decision is made on the _____ day of _____, 20____. Any person aggrieved by this decision who has a direct interest in this decision has the right to file a written appeal to the Court of Common Pleas of Montgomery County at the Montgomery County Court House, Swede and Airy Streets, Norristown, Pennsylvania, within 30 days of the date of this decision.