

TAXATION, SPECIAL

24 Attachment 1

City of Hermitage

Exhibit "C"
Petition for Appeal and Refund

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 for 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:

Receiver of Taxes
900 North Hermitage Road
Hermitage, PA 17148

Petitions appealing an assessment notice must be received by the hearing officer within 90 days of the date of the assessment notice. Petitions for refunds must be received by the hearing officer 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.

Last Name	First Name	Middle Initial
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Street Address:

City	State	County	Zip Code
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Phone Number: () Fax Number: ()

Previous Street Address (if Applicable):

City	State	County	Zip Code
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Social Security No.

Taxpayer Identification No.

HERMITAGE CODE

Section B. Tax Information.

Type of Tax _____

Is this Petition for a Refund? ____ Yes ____ No If so, what amount? _____

Tax Year: _____ Quarter: _____

Assessment Notice Mailing Date: _____

School District: _____

Borough: _____

Township: _____

City: _____

Town: _____

County: _____

Section C. Tax Representative Information.

COMPLETE INFORMATION FOR TAX REPRESENTATIVE (if applicable)

Send all copies of correspondence to: ____ 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 County Zip Code

Phone Number: () _____ Fax Number: () _____

Section D. 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 E. Signature.

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.

Under penalties prescribed by 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.

Signature: _____

Print Name: _____

Title: _____

Date: _____

