

CHESTER COUNTY TAX COLLECTION COMMITTEE

Tax Appeal Petition

1. Petitioner Information.

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| <i>If Individual Petition:</i> Name: _____ Address: _____ _____ Phone: _____ SSN*: _____ Email Address: _____ | <i>If Employer Petition:</i> Employer Name: _____ Contact Person: _____ Title: _____ Contact Address: _____ _____ Contact Phone: _____ EIN*: _____ Email Address: _____ |
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*SSN means social security number; EIN means employer identification number

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| <i>If Political Subdivision Petition:</i> Political Subdivision Name: _____ Contact Person: _____ Title: _____ Contact Address: _____ _____ Contact Phone: _____ Email Address: _____ | <i>If Tax Collector or TCC Petition:</i> TCC Name: _____ Collector Name: _____ Contact Person: _____ Title: _____ Contact Address: _____ _____ Contact Phone: _____ Email Address: _____ |
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If the petitioner has designated a professional representative under paragraph 16 below, petitioner understands that the Tax Appeal Board will direct notices and communications to the professional representative rather than to petitioner.

Concerning information requested below, the petitioner may provide answers immediately following the applicable question. Alternatively, the petitioner may after the applicable question indicate the answer is provided in an attachment, and provide the appropriate attachment.

2. Please list the type of tax this appeal involves and the school district and/or municipality that levies or imposes the tax.

- 3. Please list the amount of tax at issue, the tax year this appeal relates to and, if this is an employer petition, the quarter or monthly payment period to which this appeal relates.**

- 4. Please state what Tax Collector determination, action, or failure to act is being appealed. Attach a copy of any written determination or action. If this is a refund petition and there has been no prior denial of a refund request, state all facts relevant to the refund petition.**

- 5. Is this matter subject to mandatory DCED mediation because it is a claim by a Taxing Authority, tax collection committee, or another tax collector involving 10% or greater deviation from taxes received in the prior year?**

- 6. Have you received notice that this matter is subject to mandatory DCED mediation?**

- 7. Is there any agreement with the other party to submit this matter to DCED mediation?**

- 8. If the answer to either #5, #6, or #7 above is "Yes," please indicate the status and/or outcome of the mediation.**

- 9. Please attach a copy of any tax return and all other written documents relevant to this matter.**

- 10. Please list here all documents attached to this petition:**

- 11. Please concisely state the relief sought in this petition.**

12. Please concisely state all facts relevant to the Board's consideration of this petition.

13. Please concisely state your legal arguments supporting this petition, including citation of relevant statutes, regulations, court cases, or other legal authority.

14. Please concisely state any other information you deem relevant.

15. Do you wish to request a personal hearing at which you or your representative may make a verbal statement – in lieu of relying solely on the information set forth in the petition and attachments?

[Important Note: While you may request a personal hearing before the Board, the Board has no legal obligation to conduct a hearing and Chester County Tax Collection Committee Tax Appeal Board Regulation 601 gives the Board the sole discretion to decide whether to conduct a hearing.]

16. If a professional representative will represent you in connection with this petition, please provide the following:

Representative Name: _____

Title: _____

Address: _____

Phone: _____

Email Address: _____

The petitioner authorizes the Tax Collector and the Tax Appeal Board to release to this professional representative any confidential information relating to the petitioner.

[Important Note: If you are submitting this petition by mail, please note that Chester County Tax Collection Committee Tax Appeal Board Regulation 403 requires you to file **two (2) paper copies** of your petition and all attachments.]

Petitioner Signature and Verification

I verify that the facts set forth in this Tax Appeal Petition are true and correct to the best of my knowledge, information, and belief. This Petition is not filed for purposes of delaying payment of tax or delaying compliance with any other legal obligation. I understand that false statements in this Tax Appeal Petition are punishable under the Pennsylvania Crimes Code, 18 Pa.C.S.A. § 4904.

Date: _____

Petitioner Signature