

**CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE**

**PETITION FOR WAIVER OF COMBINED INTEREST AND PENALTY UNDER \$10,000.00**  
*For waiver of combined interest and penalty over \$10,000, call the Tax Review Board at 215-686-5216  
or download the form from [www.phila.gov/trb](http://www.phila.gov/trb)*

**CLEARLY PRINT OR TYPE ALL INFORMATION.**

PETITIONER'S NAME <i>(First Name, Middle Initial, Last Name)</i>		ACCOUNT NUMBER	
BUSINESS NAME		SOCIAL SECURITY NUMBER	
MAILING ADDRESS		FEDERAL EMPLOYER IDENTIFICATION NO.	
CITY	STATE	ZIP CODE	
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

**LIST TYPE OF TAX OR CHARGE, THE PERIOD COVERED AND INDICATE THE AMOUNT OF INTEREST & PENALTY PETITIONED FOR WAIVER.**

TAX TYPE	PERIOD/YEAR	INTEREST	PENALTY	TOTAL
<b>GRAND TOTALS</b>				

**REASON FOR THIS PETITION** *(Be brief and concise. Do not use reverse - attach additional sheets, if necessary, to the back of this petition.)*

*I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statements herein, I am subject to penalties as prescribed by law.*

PETITIONER'S SIGNATURE	DATE
------------------------	------

<u>DEPARTMENT OF REVENUE USE ONLY</u>	<u>DEPARTMENT OF REVENUE USE ONLY</u>
	REVIEWED BY _____ DATE _____
TERMS	SUPERVISORY APPROVAL _____ DATE _____

**MAIL COMPLETED PETITION TO:**  
CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102  
OR FAX TO: 215-686-6635

**DEPARTMENT OF REVNEUE  
CONTACT INFORMATION:**  
PHONE: 215-686-6600  
E-MAIL: [revenue@phila.gov](mailto:revenue@phila.gov)  
INTERNET: [phila.gov/revenue](http://phila.gov/revenue) 