

**CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE**

**PETITION FOR WAIVER OF INTEREST AND PENALTY UNDER \$10,000.00**

*Petition must be filed within 60 days of assessment and include a copy of your most recent bill(s).*

**CLEARLY PRINT OR TYPE ALL INFORMATION**

PETITIONER'S NAME			ACCOUNT NUMBER		
ADDRESS			SOCIAL SECURITY NUMBER [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]		
CITY	STATE	ZIP CODE	FEDERAL EMPLOYER IDENTIFICATION NUMBER [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]		

**LIST TYPE OF TAX OR CHARGE AND INDICATE THE AMOUNT OF INTEREST & PENALTY THIS PETITION COVERS.**

TAX TYPE	I & P	PERIOD COVERED	TAX TYPE	I & P	PERIOD COVERED
a)			e)		
b)			f)		
c)			g)		
d)			h)		

**REASON FOR THIS PETITION** *(State clearly why you believe that interest and/or penalty should be waived. Continue on reverse if necessary.)*

**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	DAYTIME TELEPHONE NUMBER
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REVIEWED BY	DEPARTMENT OF REVENUE USE ONLY	DATE
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SUPERVISORY APPROVAL	DATE
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**MAIL OR FAX COMPLETED PETITION TO:**  
CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102  
FAX 215-686-6635

**DEPARTMENT OF REVENUE INFORMATION:**  
BUSINESS TAX 215-686-6600  
REAL ESTATE TAX 215-686-6442  
E-MAIL [revenue@phila.gov](mailto:revenue@phila.gov)  
[www.phila.gov/departments/Revenue](http://www.phila.gov/departments/Revenue)