

**CITY OF PHILADELPHIA  
OFFICE OF ADMINISTRATIVE REVIEW  
PETITION FOR APPEAL**

**SUBMIT ORIGINAL AND 2 COPIES**

**SEE INSTRUCTIONS ON REVERSE. CLEARLY PRINT OR TYPE ALL INFORMATION.**

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

PROPERTY ADDRESS *(If involved.)*

REVENUE ACCOUNT/BILL #	DATE OF BILL	REFUND T#	DATE OF DENIAL LETTER
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TYPE OF APPEAL       PRINCIPAL       INTEREST/PENALTY       REFUND APPEAL

TAX TYPE	PERIOD/YEAR	PRINCIPAL	INTEREST	PENALTY	TOTAL
GRAND TOTALS					

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

NAME OF REPRESENTATIVE <i>(If one is used.)</i>	PHONE NUMBER	FAX NUMBER	
MAILING ADDRESS	CITY	STATE	ZIP CODE

***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	TITLE	DATE
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<b>MAIL COMPLETED PETITION TO: CITY OF PHILADELPHIA - TAX REVIEW BOARD 100 SOUTH BROAD STREET - ROOM 400 PHILADELPHIA, PA 19110 OR FAX TO: 215-686-5228</b>	<b>FOR ASSISTANCE CALL: 215-686-5216</b>
	ASSIGNED DOCKET # <i>(Office use only)</i>