

**CITY OF PHILADELPHIA**  
**OFFICE OF ADMINISTRATIVE REVIEW/TAX REVIEW BOARD**  
**PETITION FOR APPEAL**  
*Please include a copy of the bill*

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

PETITIONER'S NAME <i>(First Name, Middle Name, Last Name)</i>		Please provide SSN <b>ONLY</b> if appealing Earnings or School Income Tax:	
BUSINESS NAME		Federal Tax ID Number:	
MAILING ADDRESS		INTERPRETER NEEDED <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language preferred _____	
CITY		STATE	ZIP CODE
PHONE NUMBER	FAX NUMBER	E-MAIL ADDRESS	

PROPERTY ADDRESS			
REVENUE ACCOUNT/BILL #	DATE OF BILL/DECISION	REFUND #	DATE OF DENIAL LETTER

TYPE OF APPEAL <input type="checkbox"/> PRINCIPAL <input type="checkbox"/> INTEREST/PENALTY <input type="checkbox"/> REFUND APPEAL					
TAX TYPE	PERIOD/YEAR	PRINCIPAL	INTEREST	PENALTY	TOTAL
<b>GRAND TOTALS</b>					

**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
<b>I HEREBY CERTIFY that the statements contained herein and in any supporting schedule or exhibit are true 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.</b>			
PETITIONER'S SIGNATURE <i>(Petition will be returned if not signed):</i>		TITLE	DATE

<b>MAIL COMPLETED PETITION TO:</b> <b>CITY OF PHILADELPHIA</b> Office of Administrative Review/Tax Review Board 100 SOUTH BROAD STREET - ROOM 400 PHILADELPHIA, PA 19110 OR FAX: 215-686-5228 OR EMAIL: Tax.reviewboard@phila.gov	<b>FOR ASSISTANCE CALL:</b> <b>215-686-5216</b>  ASSIGNED DOCKET # <i>(Office use only)</i>
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