

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