

CITY OF PHILADELPHIA
TAX REVIEW BOARD PETITION FOR APPEAL
*Please include (1) copy of the bill - TRB cannot process petitions
without a 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 Business Taxes:	
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	Please include your EMAIL ADDRESS if you wish to opt-in to email notifications:		
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
GRAND TOTALS					

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

NAME OF REPRESENTATIVE <i>(If one is used.)</i>	PHONE NUMBER	FAX NUMBER
MAILING ADDRESS	CITY	STATE ZIP CODE
<i>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.</i>		
PETITIONER'S SIGNATURE <i>(Petition will be returned if not signed):</i>	TITLE	DATE

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