

**CITY OF PHILADELPHIA - DEPARTMENT OF REVENUE****PETITION FOR WAIVER OF INTEREST AND PENALTY**

For waiver of interest over \$15,000 or penalty over \$35,000 call the Tax Review Board  
at 215-686-5216 or download the form from [www.phila.gov/trb](http://www.phila.gov/trb)

**CLEARLY PRINT OR TYPE ALL INFORMATION.**

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

LIST TYPE OF TAX OR CHARGE, THE PERIOD COVERED AND INDICATE THE AMOUNT OF INTEREST AND PENALTY PETITIONED FOR WAIVER.

TAX TYPE	PERIOD/YEAR	INTEREST	PENALTY	TOTAL
GRAND TOTALS				


REASON FOR THIS PETITION (Be brief and concise. Do not use reverse; attach additional sheets 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. **I agree that if I accept the Department's determination of the amount of interest and/or penalty to be abated, to pay any remaining balance owed without further appeal to the Tax Review Board.**

PETITIONER'S SIGNATURE	DATE
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<u>DEPARTMENT OF REVENUE USE ONLY</u>	<u>DEPARTMENT OF REVENUE USE ONLY</u>
	REVIEWED BY _____ DATE _____
TERMS	SUPERVISORY APPROVAL _____ DATE _____

**MAIL COMPLETED PETITION TO:  
CITY OF PHILADELPHIA  
DEPARTMENT OF REVENUE  
1401 JOHN F. KENNEDY BOULEVARD  
PHILADELPHIA, PA 19102**

**DEPARTMENT OF REVENUE  
CONTACT INFORMATION:  
PHONE: 215-686-6600  
E-MAIL: [revenue@phila.gov](mailto:revenue@phila.gov)  
INTERNET: [www.phila.gov/revenue](http://www.phila.gov/revenue) **