

PETITION PURSUANT TO WHITEMARSH TOWNSHIP
THE LOCAL TAXPAYERS BILL OF RIGHTS

Instructions to Taxpayer: This is the official form to be used to petition Whitemarsh Township for review of a tax assessment determination, or to request a refund of taxes you have paid to Whitemarsh Township. This form is to be used only with respect to the taxes noted herein. This form is not to be used for action relating to assessment of real estate taxes.

You must provide all of the information we request on this form. If you fail to provide the requested information, the petition will be null and void. The petition must be delivered, by mail, personal delivery or other carrier, addressed as follows:

Finance Director
Whitemarsh Township
616 Germantown Pike
Lafayette Hill, PA. 19444

The petition is timely filed if your letter transmitting the petition is postmarked by the United States Postal Service on or before the final day on which the petition is required to be filed. Please refer to Resolution No. 99-3 to determine the time within which the petition must be filed. If the petition is delivered by hand, it must be received in the office of the Finance Director no later than the date upon which it is required to be filed.

The Whitemarsh Township Board of Supervisors will review your appeal in executive session. You will be notified of the Township's decision within sixty (60) days of the date the Township receives a properly completed petition from you. Please review the Local Taxpayers Bill of Rights, a copy of which is available from the Finance Director.

1. Name of Taxpayer: _____

2. Physical address of taxpayer: _____

3. Mailing address of taxpayer if different from above: _____

4. Daytime telephone number of taxpayer: _____

5. If the taxpayer is not an individual, state the name of the person affiliated with the taxpayer to whom correspondence and other notices should be directed, the title of the named individual and the daytime telephone number of the individual:

Name: _____

Title: _____

Address: _____

Telephone No.: _____

6. Federal Employer Identification Number or Social security Number of the taxpayer:
(circle one):

FEIN SSN _____

7. This is a petition relating to the following tax:

___ Amusement Tax

___ Mercantile Tax

___ Local Services Tax (LST)

___ Real Estate Transfer Tax

___ Business Privilege Tax

___ Earned Income Tax (EIT)

8. Is this petition requesting a refund?

___ No. (If no, go to question 9.)

___ Yes. (Please provide information requested below.)

a. This refund petition related to taxes for the following tax years:

Tax Year

Amount to be Refunded:

b. Did you file a tax return or report with respect to the taxes you want refunded?

___ Yes

___ No

11. If the taxpayer is an individual, he/she must verify this petition by completing the verification below:

I, _____, hereby certify that the information I have given in this petition is true, complete and correct to the best of my knowledge, information and belief. I make this verification under and pursuant to penalties of 18 Pa. C.S.A. 4909 (relating to unsworn falsification to authorities.)

Signature _____ Date: _____

Print Name _____

12. If the taxpayer is not an individual, the taxpayer's representative must verify the petition by Completing the verification below:

I, _____, hereby certify that I am authorized by the taxpayer to file this petition and make this verification. I hereby certify that the information I have given in this petition is true, complete and correct to the best of my knowledge, information and belief. I make this verification under and pursuant to the penalties of 18 Pa. C.S.A. 4909 (relating to unsworn falsification to authorities.)

Signature _____ Date: _____

Print Name _____

Title _____

Address _____

Phone _____

FOR OFFICIAL USE ONLY

Postmark of Petition: _____

Date of Receipt of fully completed petition by Township: _____

Action of Township:

Petition is timely filed: ___Yes ___No

DETERMINATION

AND NOW, this _____ day of _____ (date and year), upon consideration of the petition by _____ (taxpayer):

___The petition is denied as having been untimely filed.

___The petition is denied because we find no grounds to reassess or refund the subject tax(es). The taxpayer may appeal this decision by filing an action in the Court of Common Pleas of Montgomery County.

___The petition is granted and the Township shall make the following refund:

<u>Type of Tax</u>	<u>Prior Assessment</u>	<u>Recommended Assessment</u>	<u>Refund Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

WHITEMARSH TOWNSHIP

By: _____

Date: _____