



TOWNSHIP OF ABINGTON

Wayne C. Luker, *Board President*
Steven N. Kline, *Board Vice President*
Richard J. Manfredi, *Township Manager*
Jay W. Blumenthal, *Treasurer*

PETITION FOR REVIEW

NAME OF TAYPAYER: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

TAX YEAR(S) TO BE REVIEWED: _____

TYPE OF TAX: BUSINESS TAX MERCANTILE TAX LOCAL SERVICES TAX (check all that apply)

COMPLETE DESCRIPTION OF BUSINESS ACTIVITY IN ABINGTON TOWNSHIP (**attach additional sheets if necessary**): _____

REASON THAT THE ASSESSMENT SHOULD BE CHANGED OR A REFUND SHOULD BE GIVEN (**attach additional sheets if necessary**): _____

RELIEF BEING SOUGHT: _____

THIS REFUND PETITION / ASSESSMENT REVIEW RELATES TO TAXES FOR THE FOLLOWING TAX YEAR (S):

<u>TAX YEAR</u>	<u>AMOUNT IN DISPUTE</u>	<u>TAX TYPE</u>	<u>PAYMENT DATE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IF YOU FILED A TAX RETURN OR REPORT WITH RESPECT TO THE TAX YOU WANT REFUNDED, STATE THE DATE ON WHICH YOU FILED THE TAX RETURN OR REPORT:

(OVER)



THIS PETITION FOR REVIEW IS NOT COMPLETE UNLESS THE TAXPAYER ATTACHES A COPY OF THE ASSESSMENT OR TAX RETURN WHICH IS IN DISPUTE PLUS COPIES OF ANY SUPPORTING DOCUMENTATION. IF YOU FAIL TO PROVIDE COMPLETE INFORMATION, THIS PETITION WILL BE NULL AND VOID.

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

Date: _____

Sign: _____
Print Name: _____
Title: _____
Federal EIN or SSN: _____

REPRESENTED BY:

Attorney ID # _____
Name: _____
Firm Name: _____
Address: _____

Phone: _____
Fax: _____
Email: _____

Accountant
Name: _____
Firm Name: _____
Address: _____

Phone: _____
Fax: _____
E-Mail: _____

If notices are to be sent above, sign here: _____

If you do not request a hearing, sign here: _____

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FOR OFFICIAL USE ONLY

Postmark of Petition: _____
Petition Received on: _____

Is Petition timely filed: YES NO