

PETITION FOR REVIEW

Upper Moreland Township
117 Park Avenue Willow Grove, PA 19090



NAME OF TAXPAYER: _____

Address: _____

Telephone: _____ FAX: _____

TAX YEAR(S) TO BE REVIEWED: _____

TYPE OF TAX: Business Privilege Tax Mercantile Tax Earned Income Tax
 Occupational Privilege Tax (Check all that apply)

COMPLETE DESCRIPTION OF BUSINESS ACTIVITY IN UPPER MORELAND 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>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(OVER)

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: _____

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 taxpayer 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).

Sign: _____

Print Name: _____

Title: _____

Federal EIN or SSN: _____

Represented By:

Attorney ID# _____

Accountant

Name: _____

Name: _____

Firm Name: _____

Firm Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Email: _____

Email: _____

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

FOR OFFICIAL USE ONLY

Postmark of Petition: _____

Petition Received on: _____

Is Petition timely filed: YES NO