

ADDENDUM “B”

**RADNOR TOWNSHIP
PETITION FOR ADMINISTRATIVE APPEAL**

This form is to be used by Taxpayers to appeal an assessment of tax (other than real property taxes) levied by Radnor Township (the “Township”) and/or to appeal a denial of a claim for refund of taxes previously paid. Please type or print legibly.

IMPORTANT INSTRUCTIONS: You must attach a copy of the Notice of Assessment being appealed, or if seeking a refund, proof that such tax was paid. Petitions appealing a Notice of Assessment must be received by the Township within 90 days of the date of the Notice of Assessment. Petitions for refunds must be received by the Township no later than: (a) three years of the due date for filing the tax return; or (b) one year after the actual payment of the tax (whichever is later). Petitions filed by mail will be considered filed as of the postmark date. Answer all questions on this form as fully as possible. If an item is not applicable, enter “N/A.” Mail or hand-deliver the Petition to: **Director of Finance, Radnor Township, 301 Iven Avenue, Wayne, PA 19087.** For additional information call: (610) 688-5600 x152.

SECTION A: TAXPAYER INFORMATION

Proper Legal Name of Business

Trading as (if applicable)

Mailing Address

City State Zip Code

Email Address

Physical Street Address in Radnor Township – if different from above

City State Zip Code

Taxpayer Identification Number: _____

SECTION B: TAX INFORMATION

1. Type of Tax: _____

2. Tax Years: _____

3. Is this Petition for a Refund? _____.

If so, state the amount of refund requested for each tax year:

Tax Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

4. Is this Petition for Reassessment of Tax? _____.

If so, state the date of the Notice of Assessment: _____.

Attach a copy of the Notice of Assessment.

State the amount of refund requested for each tax year:

Tax Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

SECTION C: TAXPAYER REPRESENTATIVE INFORMATION

COMPLETE INFORMATION FOR REPRESENTATIVE (if applicable).

I hereby nominate the following as my representative:

Last Name

First Name

Middle Initial

My Representative is a/an: _____ Attorney
_____ CPA
_____ Other Tax Advisor

Firm Name: _____

Street/Mailing Address _____

City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I would like copies of all correspondence sent to my representative.

SECTION D: HEARING REQUEST

Indicate whether you request a hearing. If no choice is indicated, a hearing will not be scheduled and the matter will be determined based on the Petition and Record.

_____ I request a hearing on this matter. (Check if Taxpayer desires a hearing in person).

_____ I do not request a hearing on this matter. (If a hearing is not requested, the Decision in this matter will be based on the information contained in this Petition and on the Record provided by the Township. No hearing will be scheduled).

SECTION E: RELIEF REQUESTED & ARGUMENTS

Explain in detail why the relief requested in Section B, above, should be granted and give supporting authority (such as ordinances, regulations, statutes and/or case law). Attach additional pages if necessary. Enclose copies of any documents you feel will support your arguments. Petitions for Refund must be accompanied by proof of payment of the tax:

SECTION F: SIGNATURE

All Petitions must be signed by Petitioner or the Petitioner’s authorized representative. If signed by an authorized representative, written authorization for the representative to sign on Petitioner’s behalf must be accompanied by the Petition.

Under penalties prescribed by law, I hereby certify that this petition has been examined by me and that to the best of my knowledge, information and belief, the facts contained in the Petition are true and correct and this Petition is not filed for purposes of delay.

Signature: _____
(Taxpayer or Authorized Representative)

Print Name: _____

Title: _____

Date: _____