

*City of Williamsport*  
**PETITION FOR REVIEW BY LOCAL TAX HEARING OFFICER**

This form is to be used by taxpayers to appeal an assessment of tax (other than real property taxes) levied by The City of Williamsport (“City”) 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 City within 90 days of the date of the Notice of Assessment. Petitions for refunds must be received by the City 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 deliver the Petition to the attention of the City Treasurer, City of Williamsport, 245 West 4<sup>th</sup> Street, Williamsport, PA 17701. For additional information call: (570) 327-7521.

**SECTION A: TAXPAYER INFORMATION**

\_\_\_\_\_  
Proper Legal Name of Business

\_\_\_\_\_  
Trading as (if applicable)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Physical Street Address in City of Williamsport – 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: \_\_\_\_\_.

*You must 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
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My Representative is a/an: \_\_\_\_\_ Attorney  
 \_\_\_\_\_ CPA  
 \_\_\_\_\_ Other Tax Advisor

Firm: \_\_\_\_\_

Street/Mailing Address \_\_\_\_\_

City	State	Zip Code
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Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I would like copies of all correspondence sent to my representative. \_\_\_\_ Yes \_\_\_\_ No

**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 City. 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. Petitions for Reassessment must be accompanied by a copy of the Assessment.

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**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 accompany 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: \_\_\_\_\_

Email address: \_\_\_\_\_

Date: \_\_\_\_\_

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Office Use Only: Date upon which Petition was delivered to Treasurer's Office \_\_\_\_\_;

Method of Delivery of Petition: \_\_\_\_\_