

RETURN TO:

TAX APPEALS BOARD
131 WEST NITTANY AVENUE
STATE COLLEGE, PA 16801

**TAXPAYER
APPEAL
FORM**

OFFICE USE ONLY

Date Received _____

Hearing Date/Time _____

Notified TP _____ TO _____

Determination _____

Notified TP _____ TO _____

Taxpayer Name (Last, First, and Middle Initial)

Business Name (if applicable)

Address

City

State

Zip

Social Security Number/Taxpayer Identification Number

Daytime Telephone Number

Tax Type

Taxing Year

Nature of Appeal (Please be specific and attach all relevant information supporting your appeal.)

Multiple horizontal lines for entering the nature of the appeal.

Additional Comments (Attach additional pages or documentation if needed.)

Multiple horizontal lines for additional comments.

Taxpayer Signature

Date