TAXATION, SPECIAL

24 Attachment 6

Township of Sandy

EXHIBIT F INITIAL REFUND CLAIM FORM

INSTRUCTIONS: This form is to be used by taxpayers seeking an initial claim for refund from the Township of Sandy. Taxpayers whose initial refund claim has been denied and are appealing such denial must file a petition for refund with the Board of Supervisors. Please complete this form using blue or black ink, or type this form. Attach proof that the tax for which you are seeking a refund was paid. Mail this form to the Township of Sandy, PO Box 267, DuBois, PA (15801). Refund claims must be received by the Township of Sandy within the later of: (a) three years of the due date for filing the tax return; or (b) one year after actual payment of the tax. Refund Claims filed via U.S. Postal Service are considered filed on the date received. Answer all questions below as fully as possible. If an item is not applicable, enter "N/A."

Section A. Taxpayer Information.

Last Name		First Name	Middle Initial				
Street Address:							
City	State	County	Zip Code				
Phone Number ()		Fax Number: ()					
Previous Street Addres	s (if applicable)):					
City	State	County	Zip Code				
Social Security No:		Account No:					
Taxpayer Identification	n No:		<u> </u>				
Section B. Tax Inform	nation.						
Type of Tax:							
Amount of Refund Clai	m \$						
Tax Year:	Quarter: _						
Sahaal District							

SANDY CODE

Borough:			-	
Township:			_	
City:			_	
Town:			-	
County:			-	
Section C. Representa	ative Inform	nation.		
COMPLETE INFORMA	TION FOR F	REPRESENT	TATIVE (if app	olicable)
Send all copies of Corres	pondence to:			Representative
Last Name		First N	lame	Middle Initial
Is Representative an				ified Public Accountant er Tax Advisor
Business Name:				
Street Address:				
City	State		County	Zip Code
Phone Number () _		Fax N	umber: ()	
Section D. Explanatio	n of Refund	l Claim & A	arguments.	
	ary. Enclose	copies of an	y documents y	ld be granted. Attach advou feel will support your yment of the tax.

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Section E. Signature.
All Refund Claims must be signed by the taxpayer and be accompanied by the following penalty of perjury statement.
Under penalties prescribed by law, I hereby certify that this Refund Claim has been examined by me and that to the best of my knowledge, information and belief, the facts contained in the Refund Claim are true and correct.
Signature:
Print Name:
Title:
Date: