TAXATION, SPECIAL

24 Attachment 7

Township of Sandy

EXHIBIT G INITIAL REFUND CLAIM PROCEDURES - FOR DISTRIBUTION WITH INITIAL PETITION FOR APPEAL AND REFUND

INSTRUCTIONS: This form is to be used by taxpayers appealing an assessment of tax by the Township of Sandy or an appeal of a denial of a claim for refund by the Township of Sandy. Please complete Petition using blue or black ink, or type Petition. Attach a copy of the Assessment Notice being appealed, or if seeking a refund, proof that such tax was paid. Mail this Petition to the Township of Sandy, PO Box 267, DuBois, PA (15801). Petitions appealing an Assessment Notice must be received by the Township of Sandy within 90 days of the date of the Assessment Notice. Petition for refunds must be received by the Township of Sandy within the later of: (a) three years of the due date for filing the return or (b) one year after actual payment of the tax: Petitions filed via U.S. Postal Service are considered filed as of the postmark date. Petitions filed via any other method are considered filed on the date received. Answer all questions below as completely 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 Address	s (if applicable)	:	
City	State	County	Zip Code
Social Security No:		Account No:	
Taxpayer Identification	No:		_
Section B. Tax Inform	nation.		
Type of Tax:			
Is this Petition for a Re	fund?Ye	es No If so, what amo	ount? \$

SANDY CODE

Tax Year:		_ Quarter:	
Assessment Notice of M	ailing Date		
School District:			
Borough:			
Township:			
City:			
Town:			
County:			
Section C. Tax Repre COMPLETE INFORMA Send all copies of Corre	ATION FOR REPE	RESENTATIVE (if app	
Last Name		First Name	Middle Initial
Is Representative an	•	untantOthe	fied Public Accountant r Tax Advisor
Business Name:			
Street Address:			
City	State	County	Zip Code
Section D. Relief Req	uested & Argum	nents.	
Explain the relief reque	sted		

TAXATION, SPECIAL

Explain in detail why relief requested above should be granted. 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 E. Signature.
All Petitions must be signed by the Petitioner or an authorized representative. If signed by an authorized representative, written authorization for the representative to sign on Petitioner's behalf must accompany 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.
Signature
(Taxpayer or Authorized Representative)
Print Name
(Taxpayer or Authorized Representative)
Title
Date