

EIT EMPLOYERS' APPEAL FORM

RETURN TO:
TAX APPEALS BOARD
ATTN: JEFFREY AMMERMAN
STATE COLLEGE AREA SCHOOL DISTRICT
131 W NITTANY AVE
STATE COLLEGE, PA 16801

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 Phone Number

Tax Type

Taxing Year

I am requesting: a hearing a hearing by transcript
(Please check appropriate box)

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

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

Authorized Signature

Date

Title