

**Lancaster Tax Collection District**  
**Lancaster Tax Collection Committee**  
**Tax Appeal Board**  
**1845 William Penn Way, Lancaster, PA 17601**  
**Tax Appeal Petition**

**Tax Collector Contact Information**

**Collector Name:** Lancaster County Tax Collection Bureau

**Contact Person:** LCTCB Tax Appeal Board

**Contact Title:** **Attention** Executive Director

**Street Address:** 1845 William Penn Way

**Mailing:** 1845 William Penn Way  
Lancaster, PA 17601

**Principal Office:** 1845 William Penn Way  
Lancaster, PA 17601

**Phone:** (717) 569-4521

**Facsimile Number:** (717) 735-9659

**Email Address:** Tax\_Appeal\_Board@lctcb.org

**The LCTCB Executive Director will promptly thereafter deliver copies of the petition to the members of the Tax Appeal Board.**

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**Taxing Authorities/Eligible Taxes**

**EIT = Earned Income Tax**

**LST = Local Services Tax**

<b>Taxing Authority</b>	<b>Taxes</b>
ADAMSTOWN BORO	EIT, LST
AKRON BORO	EIT
ATGLEN BORO	EIT
BART TWP	EIT
BRECKNOCK TWP	EIT
CAERNARVON TWP	EIT
CHRISTIANA BORO	EIT
CLAY TWP	EIT, LST
COLERAIN TWP	EIT
COLUMBIA BORO	EIT, LST
CONESTOGA TWP	EIT
CONOY TWP	EIT
DENVER BORO	EIT
DRUMORE TWP	EIT
EARL TWP	EIT, LST
EAST COCALICO TWP	EIT
EAST DONEGAL TWP	EIT, LST
EAST DRUMORE TWP	EIT
EAST EARL TWP	EIT, LST
EAST HEMPFIELD TWP	EIT, LST

<b>Taxing Authority</b>	<b>Taxes</b>
MOUNT JOY TWP	EIT
MOUNTVILLE BORO	EIT
NEW HOLLAND BORO	EIT, LST
PARADISE TWP	EIT
PARKESBURG BORO	EIT
PENN TWP	EIT, LST
PEQUEA TWP	EIT
PROVIDENCE TWP	EIT
QUARRYVILLE BORO	EIT
RAPHO TWP	EIT
SADSBURY TWP	EIT
SALISBURY TWP	EIT
STRASBURG BORO	EIT
STRASBURG TWP	EIT
TERRE HILL BORO	EIT
UPPER LEACOCK TWP	EIT, LST
WARWICK TWP	EIT
WEST COCALICO TWP	EIT
WEST DONEGAL TWP	EIT, LST
WEST EARL TWP	EIT, LST

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Taxing Authority	Taxes
EAST LAMPETER TWP	EIT, LST
EAST PETERSBURG BORO	EIT
EDEN TWP	EIT
ELIZABETH TWP	EIT
ELIZABETHTOWN BORO	EIT, LST
EPHRATA BORO	EIT, LST
EPHRATA TWP	EIT, LST
FULTON TWP	EIT
HIGHLAND TWP	EIT
LANCASTER CITY	EIT, LST
LANCASTER TWP	EIT
LEACOCK TWP	EIT
LITITZ BORO	EIT
LITTLE BRITAIN TWP	EIT
LONDONDERRY TWP	EIT
MANHEIM BORO	EIT
MANHEIM TWP	EIT, LST
MANOR TWP	EIT
MARIETTA BORO	EIT
MARTIC TWP	EIT
MILLERSVILLE BORO	EIT
MOUNT JOY BORO	EIT

Taxing Authority	Taxes
WEST FALLOWFIELD TWP	EIT
WEST HEMPFIELD TWP	EIT, LST
WEST LAMPETER TWP	EIT, LST
WEST SADSBUARY TWP	EIT
COCALICO SD	EIT
COLUMBIA BORO SD	EIT
CONESTOGA VALLEY SD	EIT, LST
DONEGAL SD	EIT
EASTERN LANCASTER CO SD	EIT, LST
ELIZABETHTOWN AREA SD	EIT
EPHRATA AREA SD	EIT
HEMPFIELD SD	EIT
LAMPETER-STRASBURG SD	EIT
SD of LANCASTER	EIT, LST
MANHEIM CENTRAL SD	EIT
MANHEIM TOWNSHIP SD	EIT, LST
OCTORARA AREA SD	EIT
PENN MANOR SD	EIT
PEQUEA VALLEY SD	EIT
SOLANCO SD	EIT
WARWICK SD	EIT

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**Manner of Filing Petitions**

A petition may be filed by any of the following means:

**[In person]:** At the **Tax Appeal Board** office within the **Lancaster County Tax Collection Bureau** office building located at **1845 William Penn Way, Lancaster, PA 17601**, any time the office is open. A petition personally delivered will be deemed filed when handed to the person in charge of the office.]

**[By mail]:** Sent to the attention of **LCTCB Tax Appeal Board, Attention Executive Director at 1845 William Penn Way, Lancaster, PA 17601**. A petition delivered by mail will be deemed filed when postmarked by the United States Postal Service.]

**[By facsimile]:** Sent to the attention of **LCTCB Tax Appeal Board, Attention Executive Director** at the following facsimile number: **(717) 735-9659**. A petition delivered via facsimile will be deemed filed on the date a complete, accessible, and legible copy of the facsimile is received by the **Executive Director.**]

**[By e-mail]:** Sent to the attention of **Executive Director** at **Tax\_Appeal\_Board@lctcb.org**. A petition delivered via e-mail will be deemed filed on the date a complete, accessible, and legible copy of the e-mail is received by the **Executive Director.**]

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1. Petitioner Information.
- 2.

<p><b><i>If Individual Petition:</i></b></p> <p>Name: _____</p> <p>Address: _____          _____</p> <p>Phone: _____</p> <p>SSN*: _____</p> <p>Email Address: _____</p>	<p><b><i>If Employer Petition:</i></b></p> <p>Employer Name: _____</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Contact Address: _____          _____</p> <p>Contact Phone: _____</p> <p>EIN*: _____</p> <p>Email Address: _____</p>
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\*SSN means social security number; EIN means employer identification number

<p><b><i>If Political Subdivision Petition:</i></b></p> <p>Political Subdivision Name: _____</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Contact Address: _____          _____</p> <p>Contact Phone: _____</p> <p>Email Address: _____</p>	<p><b><i>If Tax Collector or TCC Petition:</i></b></p> <p>TCC Name: _____</p> <p>Collector Name: _____</p> <p>Contact Person: _____</p> <p>Title: _____</p> <p>Contact Address: _____          _____</p> <p>Contact Phone: _____</p> <p>Email Address: _____</p>
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If the petitioner has designated a professional representative under paragraph 16 below, petitioner understands that the Tax Appeal Board will direct notices and communications to the professional representative rather than to petitioner.

Concerning information requested below, the petitioner may provide answers immediately following the applicable question. Alternatively, the petitioner may after the applicable question indicate the answer is provided in an attachment, and provide the appropriate attachment.

**2. Please list the type of tax this appeal involves and the school district or municipality that levies or imposes the tax.**

**3. Please list the amount of tax at issue, the tax year this appeal relates to and, if this is an employer petition, the quarter or monthly payment period to which this appeal relates.**

**4. Please state what Tax Collector determination, action, or failure to act is being appealed. Attach a copy of any written determination or action. If this is a refund petition and there has been no prior denial of a refund request, state all facts relevant to the refund petition.**

**5. Is this matter subject to mandatory DCED mediation because it is a claim by a Taxing Authority, tax collection committee, or another tax collector involving 10% or greater deviation from taxes received in the prior year?**

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6. Have you received notice that this matter is subject to mandatory DCED mediation?

7. Is there any agreement with the other party to submit this matter to DCED mediation?

8. If the answer to either #5, #6, or #7 above is "Yes," please indicate the status and/or outcome of the mediation.

9. Please attach a copy of any tax return and all other written documents relevant to this matter.

10. Please list here all documents attached to this petition:

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11. Please concisely state the relief sought in this petition.

12. Please concisely state all facts relevant to the Board's consideration of this petition.

13. Please concisely state your legal arguments supporting this petition, including citation of relevant statutes, regulations, court cases, or other legal authority.

14. Please concisely state any other information you deem relevant.

15. Do you wish to request a personal hearing at which you or your representative may make a verbal statement – in lieu of relying solely on the information set forth in the petition and attachments?

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**16. If a professional representative will represent you in connection with this petition, please provide the following:**

Representative Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

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

The petitioner authorizes the Tax Collector and the Tax Appeal Board to release to this professional representative any confidential information relating to the petitioner.

**Petitioner Signature and Verification**

I verify that the facts set forth in this Tax Appeal Petition are true and correct to the best of my knowledge, information, and belief. This Petition is not filed for purposes of delaying payment of tax or delaying compliance with any other legal obligation. I understand that false statements in this Tax Appeal Petition are punishable under the Pennsylvania Crimes Code, 18 Pa.C.S.A. § 4904.

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

\_\_\_\_\_

Petitioner Signature