



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
PO BOX 280603
HARRISBURG PA 17128-0603

APPLICATION FOR REFUND

School District
Refund TAX

OFFICIAL USE ONLY

REFUND INSTRUCTIONS – This application must be filed within three (3) years from date paid and include the following:

1. A copy of the applicable deed, with a legible tax stamp.
2. Evidence to show who paid the tax (copy of cancelled check, settlement sheet, etc.).
3. Documentation to support any overpayment claimed.
4. Complete explanation for overpayment below.

APPLICANT'S REPRESENTATIVE

NAME _____		TELEPHONE NUMBER _____
		()
STREET ADDRESS _____	CITY _____	STATE ZIP CODE _____

- Make refund payable and mail to the representative: Representative's SSN or EIN* _____
- Make refund payable to applicant(s) checked below, mail check to representative.
- Make refund payable and mail to applicant(s) checked below.

APPLICANT-GRANTOR

APPLICANT-GRANTEE

NAME(S) _____	NAME(S) _____
STREET ADDRESS _____	STREET ADDRESS _____
CITY _____ STATE ZIP CODE _____	CITY _____ STATE ZIP CODE _____
SSN or EIN* _____	SSN or EIN* _____

* Refunds cannot be issued without the SSN or EIN of the party to whom the refund is payable.

AMOUNT OF STATE TAX PAID	\$ _____	(Do <u>not</u> include local tax)
STATE TAX DUE	_____	
AMOUNT OF REFUND REQUESTED	\$ _____	(See note below)

NOTE: Interest will be calculated and paid on the overpayment of the tax based on the current rates established by the PA Department of Revenue.

EXPLANATION FOR OVERPAYMENT (Attach additional sheets if necessary): _____

SIGNATURE OF APPLICANT OR REPRESENTATIVE IS REQUIRED

SIGNATURE _____ DATE _____

MAIL COMPLETED APPLICATION AND DOCUMENTATION TO: *School District*

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Please allow four to six weeks for processing of your refund application.