



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES

APPLICATION FOR REFUND OF MUNICIPALITY REALTY TRANSFER TAX

Please Print or Type

THIS APPLICATION MUST BE FILED WITHIN TWO (2) YEARS OF THE DATE OF TAX PAYMENT.

Applicant (must be grantor and/or grantee)

Name
Amount of Refund Claimed
\$
Social Security Number or Employer Identification Number
Street Address
City
State
Zip Code
Phone
()
Name of Individual Who Paid Tax

Applicant's Representative

Name
Street Address
City
State
Zip Code
Phone
()

1. EXPLANATION FOR OVERPAYMENT: (attach additional sheets if necessary)

2. APPLICANT MUST CHECK THE APPROPRIATE BLOCK BELOW.

- IF THE REPRESENTATIVE IS TO RECEIVE THE REFUND ON THE APPLICANT'S BEHALF, CHECK THIS BLOCK.
- IF THE APPLICANT IS TO RECEIVE THE REFUND, CHECK THIS BLOCK.

3. THIS APPLICATION MUST INCLUDE THE FOLLOWING DOCUMENTS:

- A. A COPY OF THE APPLICABLE DEED, CERTIFIED BY THE RECORDER OF DEEDS, AND
- B. A PHOTOCOPY OF THE CANCELLED CHECK, FRONT AND BACK, OR A RECEIPT EVIDENCING THE TAX PAYMENT.

4. THE APPLICATION MUST BE SIGNED BY THE INDIVIDUAL(S) WHO PAID THE TAX.

Applicant's Signature	Date
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Representative's Signature	Date
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5. MAIL THIS REFUND APPLICATION TO:
YOUR MUNICIPALITY

~~PA DEPARTMENT OF REVENUE
BUREAU OF INDIVIDUAL TAXES
DEPT. 280603
HARRISBURG, PA 17128-0603~~