BOARD OF FINANCE AND REVENUE
REQUEST FOR COMPROMISE

Instructions:

- If a Petitioner desires to compromise an appeal at the Board of Finance and Revenue "BFR," this Request for Compromise Form must be submitted when Petitioner files a petition with BFR or within 30 days after the petition is filed with BFR. The Board may not consider compromises submitted after this deadline.

- Please type or print clearly in blue or black ink.

- Compromises addressing any of the following will not be considered: appeals of denials of property tax/rent rebate claims; denials of charitable tax exemptions; revocations of sales tax licenses; or appeals pursuant to the Gaming Control Act.

- This form must be submitted to BFR and to the PA Department of Revenue as follows:

  Board of Finance and Revenue   PA Department of Revenue
  Riverfront Office Center   Office of Chief Counsel
  1101 S. Front St., Suite 400   10th Floor, Strawberry Square
  Harrisburg, PA 17104-2539   Harrisburg, PA 17128-1061
  Email: bfr@patreasury.gov   Email: RA-RVOCCBFRNOTIF@pa.gov
  Fax: 717.783.4499   Fax: 717.772.1459

- If Petitioner and the Department of Revenue cannot agree to a compromise within 90 days from the petition filing date, BFR will schedule the petition for a decision on the merits.

Compromise Information:

Petitioner: _____ Docket No. : _____

Petitioner's Representative (if applicable):_____

Tax Type: _____ Tax Period: _____ Amount at Issue: _____

Briefly explain the nature of the compromise you are requesting and the reasons for your request:

Acknowledgment: The following are conditions of a compromise of an appeal before the Board of Finance and Revenue: the Parties waive any right to appeal the compromise order; the Petitioner waives any right to claim a refund of money paid pursuant to the compromise order and to file any petition or appeal that raises the same issues of the tax period(s) and liability(ies) addressed in the compromise order.

Petitioner Signature: _____ Date: _____

Representative Signature (if applicable):_____ Date: _____