

BOARD OF APPEALS
DEPT. 281021
HARRISBURG, PA 17128-1021

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF REVENUE



CORPORATE OFFICER SIGNATURE FORM

BOA DOCKET NUMBER (S) _____

PETITIONER NAME AND ADDRESS: NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

TAX IDENTIFICATION NUMBER (PA BOX NUMBER): _____

TAX TYPE: _____

TAX PERIOD: _____

AUTHORIZED REPRESENTATIVE: BUSINESS NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

REPRESENTATIVE CONTACT PERSON:

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

Under penalties prescribed by law, I hereby certify that the above referenced Petition(s) has been examined by me and that to the best of my knowledge, information and belief, the facts contained in the Petition(s) are true, correct and complete and the Petition is not made for the purposes of delay.

Name and Title of Corporate Officer

Signature