

Exhibit D

BUCKS COUNTY TAX COLLECTION COMMITTEE

Tax Appeal Petition

1. Petitioner Information.

<i>If Individual Petition:</i>	<i>If Employer Petition:</i>
Name: _____	Employer Name: _____
Address: _____ _____	Contact Person: _____
Phone: _____	Title: _____
SSN*: _____	Contact Address: _____ _____
Email Address: _____	Contact Phone: _____
	EIN*: _____
	Email Address: _____

*SSN means social security number; EIN means employer identification number

<i>If Political Subdivision Petition:</i>	<i>If Tax Collector or TCC Petition:</i>
Political Subdivision Name: _____	TCC Name: _____
Contact Person: _____	Collector Name: _____
Title: _____	Contact Person: _____
Contact Address: _____	Title: _____
Contact Phone: _____	Contact Address: _____ _____
Email Address: _____	Contact Phone: _____
	Email Address: _____

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.

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?

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 #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:

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?

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