



**pennsylvania**

DEPARTMENT OF REVENUE

BUREAU OF COLLECTIONS  
AND TAXPAYER SERVICES  
PO BOX 281210  
HARRISBURG PA 17128-1210

## **OFFICIAL APPEAL WAIVER LETTER**

This form is to be completed in full for any taxpayer who wishes to waive their appeal rights so that they may enter into a Deferred Payment Plan with the Department of Revenue.

Once this form is completed, the original can be mailed directly to the department at:

**PENNSYLVANIA DEPARTMENT OF REVENUE  
PO BOX 281210  
HARRISBURG PA 17128-1210**

This form can also be faxed directly to the department at 717-783-4294. Also, if faxing this form, the original with the required signatures must still be mailed to the department as indicated above.

This form must be completed in its entirety, including original signatures where indicated. Failure to complete the form in its entirety could delay the implementation of the Deferred Payment Plan.

Date:

Pennsylvania Department of Revenue  
PO Box 281210  
Harrisburg PA 17128-1210

Dear Department of Revenue:

I/We \_\_\_\_\_ wish to waive my/our appeal rights for  
tax year(s) \_\_\_\_\_ .

I/We recognize that I/we have filed a return with a balance due and, subsequently am/are unable to pay the balance in full.  
I/We wish to enter into a deferred payment agreement with the Pennsylvania Department of Revenue.

I/We understand that all appeal rights will be waived in order to set up an agreement to repay if the assessment/official appeal time  
has not yet expired.

If this is a joint return, the letter must be signed by both parties.

Primary Taxpayer Name (Please Print)	Primary Taxpayer Signature
Primary Taxpayer SSN	Date

Secondary Taxpayer Name (Please Print)	Secondary Taxpayer Signature
Secondary Taxpayer SSN	Date

**FOR DEPARTMENT USE ONLY**

Approved By (Please Print)	Signature	Date
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