

BUSINESS/EMPLOYER REFUND REQUEST FORM

Please complete refund request form in full, include an explanation, and email, mail or fax to our Bureau.	
Company Name:	
FEIN:	Account Number (Optional):
Address:	
Contact Name, Email Address, and Phone N	lumber:
Reason For Refund	
 Account Overpaid 	
Тах Туре:	Year/Quarter:
Total Taxes Remitted (Includ	ing Overpayment):
Amended Total (Excluding O	verpayment):
Overpayment:	
 Taxes Remitted in Error 	
Тах Туре:	Year/Quarter:
Amount Remitted in Error: _	
Reason:	
 Other/Miscellaneous 	
Тах Туре:	Year/Quarter:
Explanation:	

In order to expedite this process and ensure timely receipt of funds, refunds will be issued as an ACH credit to the bank account of the original payment unless otherwise specified.

Signature: ____

Date: _____

You are entitled to receive a written explanation of your rights with regard to the audit, appeal, enforcement, refund and collection of taxes collected by the Berks Earned Income Tax Bureau (the "Bureau") by requesting the Bureau's Local Taxpayers Bill of Rights Disclosure Statement. To obtain a copy, access the Bureau's website at <u>www.berkseit.com</u>, call the Bureau at 610-372-8439, or send a written request to the Bureau at 1125 Berkshire Blvd Ste 115, Wyomissing, PA 19610. Please refer to our website for current hours of operation.