



Phone: (610)372-8439
Fax: (610)372-1102
Email: beitb@berkseit.com
<http://www.berkseit.com>

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 (Required): _____ Account Number (Optional): _____

Business Address: _____

Contact Name, Email Address, and Phone Number: _____

Reason For Refund

- Account Overpaid

Tax Type: _____ Year/Quarter: _____

Total Taxes Remitted (Including Overpayment): _____

Amended Total (Excluding Overpayment): _____

Overpayment: _____

Explanation: _____

- Taxes Remitted in Error

Tax Type: _____ Year/Quarter: _____

Amount Remitted in Error: _____

Reason: _____

Explanation: _____

- Other/Miscellaneous

Tax Type: _____ Year/Quarter: _____

Explanation: _____

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 www.berkseit.com, 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.