



**OFFICIAL APPEAL WAIVER**

The Official Appeal Waiver is required for taxpayers who wish to waive their right to appeal a notice of assessment(s) issued by the Department of Revenue. This waiver enables the taxpayer to enter into a deferred payment agreement with the department.

This form must be completed in its entirety or it will not be considered a valid appeal waiver request. Failure to complete the form will result in delayed implementation of the deferred payment agreement and could result in additional enforcement actions on any periods where appellate rights have already expired.

Unless otherwise directed, email the completed form to RA-RV-CEC-DPP@PA.GOV or fax the department at 717-783-4294.

**SECTION I TAXPAYER INFORMATION**

Taxpayer/Business Name		Taxpayer ID	
Taxpayer/Business Street Address	City	State	Zip Code
Type of Tax (Enter all applicable tax types: Sales, Employer, PIT...)			
Tax Periods (Enter all periods requesting appeal rights to be waived)			

**SECTION II DEFERRED PAYMENT AGREEMENT**

I/We, \_\_\_\_\_ am requesting to enter into a deferred payment agreement with the Pennsylvania Department of Revenue. I acknowledge that by entering into an agreement with the department, I waive all rights to appeal any liabilities included in the agreement.

I further understand that once this waiver has been signed and I have entered into a deferred payment agreement with the department I am bound to the terms of the agreement. Should I default on the terms of the agreement, I no longer have the right to appeal the liabilities and enforcement activities will commence.

This waiver of appeal rights must be signed by all responsible parties.

Taxpayer Name (Please Print)	Taxpayer Signature
Taxpayer Name (Please Print)	Taxpayer Signature

