



KIZ PROGRAM ADMINISTRATIVE APPEAL FORM

APPENDIX C

SECTION I: KIZ PROGRAM INFORMATION

1. PROGRAM INVOLVED: <input type="checkbox"/> Keystone Innovation Zone Program		2. TAX YEAR:
3. KIZ ADDRESS:		
4. DATE OF DENIAL (MM/DD/YYYY):	5. ARE THERE ANY CURRENT APPEALS FOR THIS TAXPAYER BEFORE DCED? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II: PETITIONER INFORMATION

<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <i>(attach list of partners & addresses)</i> <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Other _____			
1. LEGAL NAME (For individual applicants give your full legal name):			
2. TRADE NAME OR DBA (if different from Legal Name):			
3. MAILING ADDRESS:			
4. CITY:	5. STATE:	6. ZIP:	7. COUNTRY:
8. CONTACT PERSON NAME:	9. CONTACT EMAIL ADDRESS:		10. CONTACT PHONE:

SECTION III: REPRESENTATIVE INFORMATION

1. COMPANY NAME:			
2. CONTACT PERSON:		3. CONTACT PERSON TITLE:	
4. ADDRESS:			
5. CITY:		6. STATE:	7. ZIP:
8. EMAIL ADDRESS:		9. PHONE:	

SECTION IV: SCHEDULING REQUEST

<input type="checkbox"/> Hearing Requested <input type="checkbox"/> No Hearing Requested. Please decide on basis of the petition, record, and, if requested, briefing.	
<input type="checkbox"/> This case to be held pending action on the same issue(s). Case Number: _____ Court Docket Number: _____	

SECTION V: CORRESPONDENCE WITH THE DEPARTMENT OF STATE HEARING OFFICER

If you elect to receive communications via email, you are authorizing the Department of State hearing officer to send correspondence via email.

Send Correspondence to <i>(select one)</i> :	<input type="checkbox"/> Petitioner	<input type="checkbox"/> Representative
Send Correspondence via <i>(select one)</i> :	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Email
Send Decision and Order via <i>(select one)</i> :	<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> Email

SECTION VI: ISSUES & ARGUMENTS

Address all of the following questions. Attach a separate sheet if more space is required.

1. WHAT IS THE SUBJECT OF APPEAL?

2. WHAT ARE THE FACTS RELIED UPON?

3. WHAT IS THE RELIEF SOUGHT?

4. WHAT IS THE STATUTORY AUTHORITY FOR THE RELIEF SOUGHT?

SECTION VII: CERTIFICATION

ALL APPLICANTS MUST COMPLETE THIS SECTION

All appeal forms must be signed by the petitioner and authorized representative, if applicable.

Under penalties prescribed by law, I hereby certify this petition has been examined by me, and to the best of my knowledge, information and belief, the facts contained in the petition are true, correct and complete and the petition is not made for the purpose of delay.

1. PETITIONER'S NAME:

2. PETITIONER'S SIGNATURE:

3. PETITIONER'S TITLE:

4. DATE:

5. REPRESENTATIVE'S NAME:

6. REPRESENTATIVE'S SIGNATURE:

7. REPRESENTATIVE'S TITLE:

8. DATE:

INSTRUCTIONS

KIZ Program Administrative Appeal Form

General Information

You have ten days from the receipt of the decision you are appealing to file this form. Failure to fully follow these instructions and fully complete all sections of the appeal form will result in the rejection of this appeal. Rejection of this appeal will not toll the requirement to file this form within ten (10) days of the date of the receipt of the decision being appealed.

Please type or print neatly in blue or black ink. Attach a copy of the notice being appealed.

Petitions should be sent directly to the Department of Community and Economic Development's Office of Chief Counsel via electronic mail at: ra-dcchiefcounsel@pa.gov.

The form is considered filed as of the date of the email. However, emails sent after 5 P.M. on Monday through Friday, on holidays, or on weekends will be considered filed as of the next business day.

Please note that the Department refers administrative appeals to the Department of State for the appointment of a hearing officer. All administrative appeals are conducted according the General Rules of Administrative Practice and Procedure found at 1 Pa. Code Part II.

Section I: KIZ Program Information

1. **Program Involved**
This appeal form pertaining to the KIZ program.
2. **Tax Year**
Specify the tax year being appealed.
3. **KIZ Address**
Please provide the KIZ address(es) relevant to the appeal.
4. **Date of Denial**
Please provide the date of the denial of your application.
5. **Current Appeals**
If there are any current appeals for this taxpayer before the Department, please provide the docket number.

Section II: Petitioner Information

1. **Legal Name**
Provide legal name. For individual applicants, give your full legal name.
2. **Trade Name / DBA**
Specify any trade names or fictitious name filings.
- 3-10. Please provide the requested information.

Section III: Representative Information

Petitioner may be required to have attorney representation. Complete representative information if Petitioner is represented by another person.

Section IV: Scheduling Request

Hearings, if requested, are held in Harrisburg. Petitioner may request a phone conference in lieu of a hearing. It is at the hearing officer's discretion whether to grant this request.

Section V: Correspondence with Department of State Hearing Officer

Please select desired method of correspondence.

NOTE: Communication, including the Department's final decision and order, may be transmitted to you or your representative via email, should you elect the email option. If you elect to receive communications via email, you and your representatives assume the responsibility for the confidentiality of the information contained in emails sent to and from the Department or the Department of State hearing officer. The Commonwealth will not be held liable for the disclosure of any confidential information sent via email.

Section VI: Issues and Arguments

Briefly state the issue(s) involved and explain in detail why relief should be granted. Additional pages may be attached, if necessary. As required by the General Rules of Administrative Practice and Procedure, you must state clearly and concisely all of the following: (i) the grounds of interest of the petitioner in the subject matter, (ii) the facts relied upon, (iii) the relief sought, and (iv) citation to the appropriate statutory provision or other authority relied upon for relief. Failure to fully address these four items will result in rejection of the appeal form. Rejection of this appeal form will not toll the requirement to file this form within ten (10) days of the date of the receipt of the decision being appealed.

Section VII: Certification

All petitions must be signed by the Petitioner and Authorized Representative, if applicable.