

# BOROUGH OF JENKINTOWN

Office of the Manager  
700 Summit Avenue  
P.O. Box 2176  
Jenkintown, PA 19046  
215-885-0700

## REQUEST FOR TAX REFUND

Tax Payer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Tax Year for which refund is being requested: \_\_\_\_\_  
(one year per form request)

State the reason (s) that you are requesting a refund of taxes form the above year:

\_\_\_\_\_  
\_\_\_\_\_

**A COPY OF YOUR FEDERAL TAX RETURN FOR THE YEAR THAT THE REFUND IS BEING REQUESTED MUST BE ATTACHED TO THIS REQUEST.**

### VERIFICATION

I, \_\_\_\_\_, the taxpayer identified above, herewith state that I take this Verification in support of my request for the above refund and that I am personally acquainted with the facts contained in the above statement forming the basis of my request and that the same are true and correct to the best of my knowledge, information and belief. I understand that this statement id being made subject to the penalties of 18 Pa.C.S §4904 relating to unsworn falsification to authorities and that false statements made herein are subject to penalties for perjury under the statutes of the Commonwealth of Pennsylvania.

\_\_\_\_\_  
Signature of Taxpayer