



COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF REVENUE  
BUREAU OF INDIVIDUAL TAXES  
PO BOX 280603  
HARRISBURG PA 17128-0603

# APPLICATION FOR REFUND PENNSYLVANIA REALTY TRANSFER TAX

OFFICIAL USE ONLY

**REFUND INSTRUCTIONS** – This application must be filed within three (3) years from date paid and include the following:

1. A copy of the applicable deed, with a legible tax stamp.
2. Evidence to show who paid the tax (copy of cancelled check, settlement sheet, etc.).
3. Documentation to support any overpayment claimed.
4. Complete explanation for overpayment below.

## APPLICANT'S REPRESENTATIVE

NAME	TELEPHONE NUMBER	( )
STREET ADDRESS	CITY	STATE ZIP CODE

- Make refund payable and mail to the representative: Representative's SSN or EIN\* \_\_\_\_\_
- Make refund payable to applicant(s) checked below, mail check to representative.
- Make refund payable and mail to applicant(s) checked below.

### APPLICANT-GRANTOR

NAME(S)		
STREET ADDRESS		
CITY	STATE	ZIP CODE
SSN or EIN*		

### APPLICANT-GRANTEE

NAME(S)		
STREET ADDRESS		
CITY	STATE	ZIP CODE
SSN or EIN*		

\* Refunds cannot be issued without the SSN or EIN of the party to whom the refund is payable.

AMOUNT OF STATE TAX PAID	\$ _____	(Do <u>not</u> include local tax)
STATE TAX DUE	_____	
AMOUNT OF REFUND REQUESTED	\$ _____	(See note below)

**NOTE:** Interest will be calculated and paid on the overpayment of the tax based on the current rates established by the PA Department of Revenue.

**EXPLANATION FOR OVERPAYMENT** (Attach additional sheets if necessary): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SIGNATURE OF APPLICANT OR REPRESENTATIVE IS REQUIRED

\_\_\_\_\_  
SIGNATURE DATE

## MAIL COMPLETED APPLICATION AND DOCUMENTATION TO:

PA DEPARTMENT OF REVENUE  
BUREAU OF INDIVIDUAL TAXES  
PO BOX 280603  
HARRISBURG PA 17128-0603

Please allow four to six weeks for processing of your refund application.