

**PETITION FOR
REASSESSMENT**

NAME OF EMPLOYER: _____ DATE OF ASSESSMENT: _____

EMPLOYER ACCOUNT NUMBER: _____

TO: Department of Labor & Industry
UC Tax Review Office

The above named employer, against whom an assessment has been made, petitions the department for a reassessment; and, in support of such petition, alleges and avers as follows:

(Specify in detail the grounds and reasons why the employer claims the assessment is erroneous. If additional space is required, use additional sheets of paper and attach to this petition.)

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WHEREFORE, your petitioner requests (1) that said assessment be set aside, and/or (2) that a reassessment be made.

COMMONWEALTH OF PENNSYLVANIA:

SIGNATURE OF PERSON FILING THIS PETITION

S S.

COUNTY OF:

PRINT NAME

TITLE

ATTORNEY NUMBER

STATE

(If this Petition is filed by an attorney, include the attorney's license number and state of licensure.)

_____, being duly sworn according to law, deposes and says that he/she
NAME OF PERSON ATTESTING TO THIS PETITION
has personal knowledge of the facts alleged in this Petition for Reassessment and that said facts are true.

Sworn to and subscribed before me
this ____ day of _____, 20__.

NOTARY PUBLIC

Excerpts from Section 304 of the Pennsylvania Unemployment Compensation Law

(a) . . . Within fifteen days after making such assessment, the department shall give notice thereof by registered mail to such employer. If such employer is dissatisfied with the assessment so made, he may petition the department for a reassessment in the manner hereinafter prescribed ...

(b) Any employer against whom an assessment is made may, within fifteen days after receipt of notice thereof, petition the department for a reassessment which petition shall be under oath and shall set forth therein specifically and in detail the grounds and reasons upon which it is claimed that the assessment is erroneous. Hearing or hearings on said petition shall be held by the department at such places and at such times as may be determined by rules and regulations of the department and due notice of the time and place of such hearing given by registered mail to such petitioner.

(d) As to any employer who fails to petition for reassessment, or, having petitioned after due notice of hearing, fails to appear and be heard, or, in case of a reassessment, to appeal, such assessment or reassessment of the department shall then become final, the contributions and interest assessed or reassessed by the department become forthwith due and payable, and no defense which might have been determined by the department or in the event of appeal from reassessment by the court shall be available to any employer in any suit or proceeding brought by the commonwealth in the name of the fund for recovery of such contribution based on such assessment or reassessment.

Send one copy of the completed *and notarized* Petition for Reassessment, accompanied by a copy of the Notice of Assessment, to:

UC Tax Review Office
651 Boas Street, Room 1113
Harrisburg, PA 17121-0750

The United States Postal Service postmark date will be considered the filing date of the Petition for Reassessment.

The UC Tax Review Office will notify you of the date, time and place of the hearing on the Petition for Reassessment.

An employer who has filed a Petition for Reassessment may withdraw it with the approval of the UC Tax Review Office. A written request to withdraw the petition is necessary, and should be sent to the address shown above.