RETURN TO:
EXECUTIVE DIRECTOR
CAPITAL TAX COLLECTION BUREAU
2301 N 3RD ST
HARRISBURG PA 17110-1893

TAXPAYER COMPLAINT/ COMMENT FORM

Taxpayer Name (Last, First, and Middle Initial)

Business Name

Address

City State Zip

Daytime Telephone Number (Primary) Telephone Number

( ) ( )

Tax Type	Tax Identification Number/Social Security Number

Nature of Problem

Additional Comments

Taxpayer Signature	Date