



Request for Informal Review

For issues concerning a first notice of an adjustment of tax made by the department, this form must be filed within 30 days of the date of the Statement of Account or other notice of adjustment.

For issues concerning appraisal reports for Centrally Assessed Property, this form must be filed within 15 days of the date of the appraisal report.

Taxpayer or Owner/Business Name and Address

Three horizontal lines for entering taxpayer information.

Account ID: \_\_\_\_\_

FEIN/SSN: \_\_\_\_\_

Other Account Number (such as: Lodging Facility Use Tax number): \_\_\_\_\_

Please indicate the type of tax and the tax periods you are disputing:

Table with 2 columns: Type of Tax, Tax Periods. Rows include Centrally Assessed Property, Corporation License Tax, Individual Income Tax.

Table with 2 columns: Type of Tax, Tax Periods. Rows include Miscellaneous Taxes, Natural Resource Taxes, Withholding Tax, Other.

Reasons: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Person filing this form (if different from above):

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
Fax (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
E-mail \_\_\_\_\_

I am dissatisfied with the statement of account or appraisal report provided to me by the Department of Revenue for the following reasons:

(Please list factual reasoning for your dissatisfaction. Include the tax periods you are disputing.)

Two horizontal lines for providing reasons for dissatisfaction.

(If more space is needed, please attach additional pages to this form.)

Choose [ ] I request a review of my statement of account or appraisal report using only the information I have submitted. OR [ ] I request an informal review meeting to provide additional information.

On issues of employee-employer relationship and independent contractors, contact the Department of Labor and Industry. Inheritance and Estate tax issues other than refund denials will be settled through District Court. For locally assessed property valuation review requests, use Form AB-26.

FOR DEPARTMENT USE ONLY
As a result of this informal review, an adjustment [ ] was [ ] was not made for the following reasons: \_\_\_\_\_
Reviewed By: \_\_\_\_\_ Title / Role: \_\_\_\_\_
The results of this informal review were sent to the customer on (Date): \_\_\_\_\_

If you are dissatisfied with this decision, you may request further review by filing a Form APLS102F with the Office of Dispute Resolution within 15 days of the date on the notice of the determination from the department.