

Request for Hearing/Informal Conference

TAXPAYER INFORMATION

Taxpayer Name (Required)		Account Number (Required)	
Mailing Address (Required)		City (Required)	State (Required) ZIP Code (Required)
Contact Name (if request is for a business)	Daytime Telephone Number (Required)	Taxpayer Contact Email Address	
This appeal involves issues related to the following (Check all that apply. At least one is required.) ☐ Tax ☐ Interest ☐ Penalty ☐ Refund of tax in the amount of: _____			
Does this appeal involve an Audit: ☐ Yes ☐ No If Yes, add audit period _____			

List the Notice(s) that are in dispute and provide copies of the notice(s) with this request. (Required. Attach additional pages if needed.)

Date on Notice	Intent to Assess Number or Refund Adjustment	Tax Period Start Date	Tax Period End Date	Tax Type

What relief are you requesting? (Required. Attach additional pages if needed.)

Provide explanation of dispute that includes facts and legal argument upon which you rely to support the relief requested. (Required. Attach additional pages if needed.)

☐ Check this box if an authorized representative (Power of Attorney) will be representing the taxpayer in this matter.

NOTE: If a request for a Hearing/Informal Conference is made by a representative without a valid Form 151 Authorized Representative Declaration all correspondence will be mailed to the taxpayer only. The valid Form 151 must have at least boxes 1 and 2 checked under Part 4: Type of Authority in order for the Authorized Representative to participate in a Hearing/Informal Conference.

REQUESTOR INFORMATION

Name (If this person is not an employee of the taxpayer, provide an Authorized Representative Declaration (Power of Attorney) (Form 151)).		
Company Name (Optional)		Title or relationship to taxpayer (Required)
E-mail Address (Optional)	Daytime Telephone Number (Required)	Date Submitted

Remember to attach the following:

- Copies of Intent(s) to Assess and/or Refund Adjustment Notice(s) at issue (Required).
- Copy of Form 151, *Authorized Representative Declaration* (Required if you want someone to appear or represent you without you being present).
- Documentation in support of relief requested (Required).

Please mail the completed form and all required supporting documentation to the address listed on the notice you are appealing.

Do not use this form for Tobacco Seizures, Tobacco License denials, or Principal Residence Exemption denials. Please refer to the notice you received for proper appeal procedure.