

**Before the Utah State Tax Commission
PETITION FOR REDETERMINATION**

→ If you need help with this form, contact the Tax Appeals Unit at 801-297-3900 or email taxappeals@utah.gov

▶ Petitioner (print or type)

Taxpayer/owner/company name:

Doing business as (DBA):

Mailing address:

Daytime phone:

Other phone:

Email:

Social Security number/FEIN/Tax Commission account number:

Social Security number of spouse (if filing jointly):

▶ Representative Information (if applicable)

If completed by the petitioner: I authorize the person named below as my representative to discuss and share information concerning this appeal with the Tax Commission. _____ (initial)

If completed by the representative: As representative, I have Power of Attorney (POA) to file this appeal. The POA is included with this petition. _____ (initial)

Representative name:

Mailing address:

Daytime phone:

Other phone:

Email:

▶ Tax Type and Primary Issue (check all that apply)**This appeal involves:**

- ☐ Individual income tax ☐ Corporate franchise tax ☐ Sales and use tax ☐ Motor vehicle
☐ Penalty/Interest ☐ Refund request ☐ Assessment ☐ Other (specify): _____

This appeal involves an assessment, decision or action by the following Tax Commission Division:

- ☐ Auditing Division ☐ Taxpayer Services Division ☐ Motor Vehicle Division* ☐ Other (specify): _____

Tax year, audit period or period under audit is: _____

If this appeal is due to a decision, letter, assessment or notice issued by a division in the Tax Commission, a copy of the division's letter or notice needs to be attached to this petition. Note below the date of the division's action, as well as the name and title of the division representative who took action.

Date of action: _____ Division representative's name and title: _____

▶ Request for Relief

Describe the basis for your appeal and the relief you seek from the Tax Commission (attach additional pages if necessary):

▶ Requirements and Signatures (check all boxes and sign)

- ☐ I have included with this petition the letter, assessment or notice issued by the Tax Commission division that was the cause of this appeal. I noted above the date of action and the name of the division representative who took action.
- ☐ I understand my appeal will be held by electronic video, audio, or both video and audio connection unless I request otherwise (Tax Commission Rule R861-1A-26).
_____ Check here to request an in-person hearing for your appeal.
- ☐ I understand I must provide information supporting my position to the Tax Commission Appeals Unit ten (10) business days before the scheduled hearing. I further understand if my information is not provided as directed, my information might not be accepted at the hearing.
- ☐ I acknowledge if I have designated a representative, all notices and communications regarding my appeal will go to my representative.

Name of taxpayer/authorized individual/representative (PRINT)

Signature

Date

▶ The best way to submitting a petition to Tax Appeals is by email: taxappeals@utah.gov**Mail:** Tax Appeals Unit, Utah State Tax Commission, 210 North 1950 West, Salt Lake City, UT 84134**Fax:** 801-297-3919

*Use this form to appeal Motor Vehicle Division decisions, including all fees EXCEPT towing and and storage fees charged by a tow company.