STATE OF NEVADA DEPARTMENT OF TAXATION

IN THE MATTER OF	ገ
	Due Date:
	Date of:
	orney, accountant or other representative (in place of yourself), if any, ondence and service of legal documents on your behalf, and to whom ecount:
IMI	PORTANT
	ce of deficiency determination, the law requires you to file a timely tion. Failure to file a timely petition for redetermination will result or refund.
Failure to specify the grounds upon which your petition detrimentally affect the ability to present your position. Fredetermination as set forth on the attached notice of deficit this petition for redetermination is due, please contact the information provided to substantiate the grounds listed in the determination that the Department deems justified. In determining the original deficiency determination or if the	grounds upon which you are contesting the deficiency determination. In for redetermination is based will delay the process and may Pursuant to NRS 360.360, you have 45 days to file this petition for beincy determination. If you have any questions concerning the date the Department. The Department will review your petition and any contesting the deficiency determination and make any adjustments to lift the Department determines that there is no basis for renere still exists a dispute, you will be sent a Request for Hearing. Quest for Hearing form within 30 days, you will have waived your etermined deficiency determination will be final.
Any adverse decision from the Administrative Law Judge 233B.130, you may seek judicial review in District Court of	may be appealed to the Nevada Tax Commission. Pursuant to NRS f any adverse decision from the Nevada Tax Commission
The undersigned petitions for redetermination of all or p	R REDETERMINATION part of the Department's deficiency determination and understands will be delayed. The petitioner alleges that the determination is e side if necessary).
By signing below, I,	, understand that I am representing to the Department of Taxation of which is attached thereto/the language of which is copied below. It the requirements of NAC 360.085 and provide documentation to e side if necessary)
Drinted Nomes	Cionatana
Printed Name:	-
Phone Number:	
To email, save this form to your computer and email the	

To email, save this form to your computer and email the attachment to nevadaolt@tax.state.nv.us with the subject of 'Universal Petition for Redetermination'

Your email, including attachments, cannot exceed 10 MB