

Choose One

**STATE OF NEVADA
DEPARTMENT OF TAXATION**

IN THE MATTER OF



Due Date: _____

Date of Choose One

IMPORTANT

If you disagree with all or any part of the Notice, you must complete and return this Request for Hearing form within 30 days of the date of the Notice. If your Request for Hearing is not filed within the 30 day period, you are deemed to have waived your right to a hearing and the Notice will become final.

The request will be referred to an Administrative Law Judge to hear and consider the reasons you disagree with the Notice. The Department may make adjustments to the Notice based on any new information you provide. Pursuant to Nevada Revised Statutes 360.380, the adjustments may include an increase in the amount of the Notice.

For good cause shown, you may request additional time beyond the 30-day period to file your Request for Hearing. You must make that request in writing, state the reason(s) you require additional time to file your Request for Hearing, and specify the amount of additional time you are requesting. Please file the extension on or before the due date.

REQUEST FOR HEARING

The taxpayer disputes the Notice and requests a hearing before an Administrative Law Judge. The taxpayer alleges the Notice is erroneous for the following reasons (attach additional pages if necessary) and offers the following documents in support:

By signing below, I affirm that I am authorized to act on behalf of the petitioner identified above.

Dated: _____ Signature: _____

Printed Name: _____ Relationship to Petitioner: _____

Daytime Telephone Number: _____ Email Address: _____

Mailing Address: _____

I hereby authorize the following attorney, accountant, or other representative (in place of myself), to act on behalf of the petitioner and to receive information, correspondence, and service of legal documents from the Department on behalf of the petitioner. I understand that by making this authorization, I am instructing the Department to communicate with this individual regarding the hearing process:

Name and Firm: _____

Telephone Number: _____ Email Address: _____

Mailing Address: _____