Account/Permit/License/TID/Docket No.: _____

STATE OF NEVADA DEPARTMENT OF TAXATION
Mail to: 3850 Arrowhead Drive, Carson City, NV 89706

IN THE MATTER OF

_____

_____

}

Due Date: _____

Date of Civil Infraction: _____

IMPORTANT

If you disagree with all or any portion of the Notice of Civil Infraction, Nevada Revised Statute (NRS) 360.360 requires you to file a Petition for Redetermination with the Department of Taxation (Department) within 45 days of the date of the Notice of Civil Infraction. If you do not file a Petition for Redetermination within the 45-day period, you are deemed to have waived the right to dispute the determination, and it will become final.

This Petition for Redetermination must include the amount of civil infraction being contested and state specifically the reasons you dispute the civil infraction. The Petition for Redetermination must also be accompanied by books, records, or other documents which support the reasons for dispute. Your Petition for Redetermination may be denied if you fail to specify the reasons you dispute the determination.

The Department will review your Petition for Redetermination, and any supporting information provided. The Department may make adjustments to the determination based on the information provided with the Petition for Redetermination. Pursuant to NRS 360.380, the adjustments may include an increase in the amount of the determination.

Pursuant to NRS 360.360(3) and Nevada Administrative Code (NAC) 360.706(3), for good cause shown, you may request additional time beyond the 45-day period to file your Petition for Redetermination. You must make that request in writing, state the reason(s) you require additional time to file your Petition for Redetermination and specify the amount of additional time you are requesting. Please file the extension on or before the due date.

PETITION FOR REDETERMINATION

The taxpayer petitions for redetermination of all or part of the Department's Notice of Civil Infraction and understands that in the absence of specific information, the petition will be delayed and may be denied. The taxpayer alleges that the determination 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 redetermination process:

Name and Firm: _____

Telephone Number: _____ Email Address: _____

Mailing Address: _____