

## Reseller Permit Appeal Petition

UBI/Account ID: \_\_\_\_\_

**Please type or print in blue or black ink.** Your petition must be filed within 21 days of the date of the Department's decision. A Petition sent by US mail is considered filed as of the postmark date.

If your taxpayer representative has a Confidential Tax Information Authorization (CTIA) on file with the Department, they may file a petition on your behalf. The CTIA is online at <http://dor.wa.gov/CTIA>.

- 1. Select one:**  My reseller permit application was denied  My reseller permit was revoked or expired early  
 My reseller permit is valid for 2 years, but should be valid for 4 years

**2. Taxpayer Name:** \_\_\_\_\_

Business Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Complete the following if you are a taxpayer representative.

**3. Representative Name:** \_\_\_\_\_

Business Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Street Address, City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

### 4. Issues and Argument

As it relates to your appeal option selected in Section 1, explain why you believe the Department's decision is incorrect and/or why your business should currently qualify for a reseller permit. Use the back of the form if you need more space.

### 5. Supporting Documentation

Provide documentation to support your Issues and Argument explained in Section 4. The documentation should show that you have an active business and qualify to make purchases at wholesale. Examples of documentation include: copies of sales invoices, vendor and customer contracts, business space leases, payroll records, contract license or bond, etc.

I declare that I am authorized to file this form on behalf of the taxpayer. I am listed in official records held by Washington Secretary of State or Department of Licensing as the owner, partner, corporate officer, member of the LLC, or am otherwise authorized to sign on behalf of this taxpayer. I declare under penalty of perjury that the above is true and correct

### 6. Sign and Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (please print or type)

\_\_\_\_\_  
Title

#### Mail or Fax to:

Department of Revenue  
Taxpayer Account Administration  
PO Box 47476

Olympia, WA 98504-7476

Fax: (360) 705-6733