



Unclaimed Property APA Appeal Petition for Review

Please type or print in ink, and attach either, the assessment or denial of application for a refund, to be reviewed. You must file this petition before the date contained in the assessment being reviewed or within 30 days of the date of a denial of application for a refund or return of property. A petition may be filed by mail, fax, or, email. The mailing address, fax number, phone number, and email address are above. A petition sent by US mail is considered filed as of the postmark date. A petition filed by other methods is considered filed on the date received.

1 Holder

Name/Business Name	Tax Registration/Holder Number	
Street Address (include city, state, zip)		
Telephone Number		
Contact Person	Telephone Number	Email Address

2 Representative

Name/Business Name		
Street Address (include city, state, zip)		
Telephone Number	Fax Number	Email Address

3 Type of Action being Reviewed

Please select one. Attach a copy with this petition.

- Assessment Dated: _____
- Denial of Application for Refund/Return of Property Dated: _____

If you are seeking review solely of penalties and interest, please use our penalty and interest appeal petition, available at www.dor.wa.gov.

4 Hearings

- In-Person Hearing Requested – Olympia
 Seattle
- Telephone Hearing Requested
- No Hearing Requested. Please decide on basis of petition and record.

5 Issues and Arguments – Describe the reason for your appeal. Attach additional pages if necessary. Also, attach with this petition all documents and evidence you want us to consider.

6 Signature, Confidential Tax Information Authorization, and Email Authorization

Either the Holder or the Representative can sign the petition. However, the Department must have on file a Confidential Tax Information Authorization to be able to disclose tax information to the Representative. The Taxpayer can elect to sign the authorization below or submit a separate form located at dor.wa.gov/ctia, unless one is already on file.

Holder:

I hereby certify that I am the owner, corporate officer, or partner of the above named business, I am authorized to execute this form, and the Representative named above is authorized to receive confidential tax information from the Department on all matters raised on appeal.

Check this box to authorize the Department of Revenue to send correspondence including the reviewing officer's decision by email. I acknowledge that email and fax communications are not secure, and that confidential information sent via email or fax may be intercepted and used by unauthorized persons. I accept these conditions and waive any violation of the Secrecy Clause (RCW 82.32.330) that might arise from an unauthorized interception and/or use of email or fax.

Signature

Date

Name (please print or type)

Title

Representative:

Signature

Date

Name (please print or type)

Title

For tax assistance or to request this document in an alternate format, please call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.