



State of Washington
 Department of Revenue
 Appeals Division
 PO Box 47460
 Olympia WA 98504-7460
 360-570-6140 FAX 360-664-2729

REVOCATION APPEAL PETITION

Please type or print in ink. Attach a copy of the order being appealed. Mail this petition to the above address. Petitions sent by US Postal Service are considered filed as of the postmark date.

1 Taxpayer

Taxpayer's Name (as registered with Department of Revenue)		Account ID
Mailing Address (include city, state, zip)		
Telephone Number ()	Fax Number ()	Web Site Address
Contact Person	Telephone Number ()	Email Address

Representative

Name (Last, First and M.I.)	Business Name	
Mailing Address (include city, state, zip)		
Telephone Number ()	Fax Number ()	Email Address

2 Revocation Order Appealed From

Date of Order	Revenue Agent's Name
Revenue office location where hearing was held:	

<u>Internal Use Only</u>	
Docket No. _____	
<input type="checkbox"/> Timely?	<input type="checkbox"/> File
<input type="checkbox"/> ARTS	<input type="checkbox"/> Hrg Ltr
<input type="checkbox"/> PDF Copy	<input type="checkbox"/> OD Copy
<input type="checkbox"/> Scan Idocs	

3 Hearings – Check One Box Only

- In-Person Hearing Requested – Olympia Appeals Division office only.
- Telephone Hearing Requested – *You will need to appear at the Department's local Compliance Division office for a telephone hearing.*

4 Reasons for Appeal

Briefly describe the reasons for your appeal. Attach additional pages if necessary.

5 Signature and Confidential Tax Information Authorization

Either the Taxpayer or the Representative can sign the petition. But 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 http://dor.wa.gov/Docs/Forms/Misc/ConfidentialTaxInfoAuth_E.pdf, unless one is already on file.

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

Signature

Date

Name (please print or type)

Title

Representative (If applicable)

Signature

Name (please print or type)

Street Address (include city, state, zip)

Title

()

()

Telephone Number

Fax Number