



Unclaimed Property Penalty and Interest Appeal Review of Initial Order

Please type or print in ink. You must file this petition within 21 days of the date of the initial order. 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 Initial Order you are Appealing -
 Please attach a copy of the initial order with this petition.

Initial Order Dated: _____

Please select each Department action upheld in the initial order that you would like reviewed:

- Interest under RCW 63.29.340(1)
- Penalty for failure to timely file or pay reported property under RCW 63.29.340(2)
- Assessment penalty following an examination under RCW 63.29.340(3)
- Penalty for failure to timely pay or deliver property assessed under RCW 63.29.340(4)
- Penalty for failure to file or pay electronically under RCW 63.29.340(7)

4 Issues and Arguments – Describe the reason for your appeal. Attach additional pages if necessary. Review is limited to only the documents and information included with this petition. Be sure to attach ALL documents and evidence you want us to consider

5 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 360-705-6705. Teletype (TTY) users may use the Washington Relay Service by calling 711.