

APPEALS

STEP A Print or Type NAME ADDRESS & ID NUMBERS	LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	SPOUSES LAST NAME	FIRST NAME & INITIAL	SOCIAL SECURITY NUMBER
	BUSINESS NAME		FEDERAL IDENTIFICATION NUMBER
	NUMBER & STREET ADDRESS		DEPARTMENT IDENTIFICATION NUMBER
	ADDRESS (continued)		LICENSE NUMBER
	CITY/TOWN, STATE & ZIP CODE		TELEPHONE NUMBER
	REPRESENTATIVE'S NAME		
	REPRESENTATIVE'S NUMBER & STREET ADDRESS		REPRESENTATIVE'S TELEPHONE NUMBER
REPRESENTATIVE'S CITY/TOWN, STATE & ZIP CODE			
STEP B TAX YEAR AND TAX TYPE	TAX YEAR(S) _____ OR TAXABLE PERIOD BEGINNING _____ AND ENDING _____ Mo Day Year Mo Day Year		
	TAX TYPE (CHECK BOX OR BOXES THAT APPLY)		
<input type="checkbox"/> BUSINESS TAX (BUSINESS PROFITS TAX OR BUSINESS ENTERPRISE TAX) <input type="checkbox"/> MEALS & RENTALS TAX <input type="checkbox"/> INTEREST & DIVIDENDS TAX <input type="checkbox"/> UTILITY PROPERTY TAX <input type="checkbox"/> OTHER _____			
STEP C FACTS & ISSUES	REASON FOR APPEAL. SPECIFY THE CAUSE FOR APPEAL. Include all facts and applicable law. Attach additional sheets if necessary.		
STEP D VALUE <small>FOR UTILITY PROPERTY TAX, RAILROAD TAX AND PRIVATE RAIL CAR TAX APPEALS ONLY</small>	STATE YOUR OPINION OF VALUE. PROVIDE A DETAILED DESCRIPTION AND BASIS FOR THAT OPINION OF VALUE AND THE METHODOLOGY USED FOR YOUR DETERMINATION.		
STEP E ACTION REQUESTED	<input type="checkbox"/> REDETERMINE A TAX ASSESSMENT/BILL <input type="checkbox"/> RECONSIDER A DENIAL OF A REQUEST FOR REFUND <input type="checkbox"/> DISPUTE PENALTIES <input type="checkbox"/> DISPUTE INTEREST <input type="checkbox"/> OTHER _____		
STEP F REQUIRED DOCU- MENTS	Enclose a copy of the Notice of Assessment or Letter of Denial. Appeal must be filed within 60 days after the issuance of the Notice of Assessment or Denial. If a representative is being used, a Power of Attorney (POA) Form DP-2848, must be filed with the Department of Revenue Administration.		

Check this box if you have filed a Power of Attorney (POA), Form DP-2848 with the Department of Revenue Administration.

X

SIGNATURE OF TAXPAYER (IN INK) DATE

SPOUSE'S SIGNATURE (IN INK) DATE

SIGNATURE OF REPRESENTATIVE (IN INK) DATE

MAIL **NH DRA**
TO: **HEARINGS BUREAU**
109 PLEASANT STREET
PO BOX 1467
CONCORD, NH 03302-1467