



## Request for Informal Review for Centrally Assessed Companies

You may use this form to file a written request with the Department of Revenue for issues concerning the first notice of a tax assessment and classification for a centrally assessed company. You need to fill out the form within 15 days of receiving the notice. For more information about the appeal process, visit the [tax appeal process](#) section under *Businesses at revenue.mt.gov*. If you need additional help, call us toll free at 866-859-2254 (in Helena 444-6900) Monday through Friday, 8:00 a.m. to 5:00 p.m.

When we finish our review, we will send you a final notice of determination. This notice will list any adjustments we made to your account. If you are dissatisfied with the decision, you may request further review by filing a Notice of Referral to the Office of Dispute Resolution for Centrally Assessed Companies (CAB-9) with the Office of Dispute Resolution within 15 days from the notice of determination date. You can find [CAB-9](#) under *Forms at revenue.mt.gov* or you may call us and we will mail a form to you.

### 1. Taxpayer Information

Taxpayer or Owner/Business Name		SSN or FEIN	
Address			
City	State	Zip Code	
Telephone Number	Fax Number	Email Address	
Tax Type(s)	For Tax period(s)	Montana Account ID	

### 2. Authorization of Representative

If you would like to have another individual represent you during your appeal to the Office of Dispute Resolution, please provide the basic information below and attach a completed Power of Attorney form. You can find the [Power of Attorney](#) under *Forms at revenue.mt.gov*. You can also call us toll-free at 1-866-859-2254 (444-6900 in Helena). A fully executed federal Form 2448, Power of Attorney and Declaration of Representative is also acceptable.

Name of Representative	Telephone Number
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### 3. Basis for Request for Informal Review

As required by law (and to avoid denial of your request), you need to provide a written explanation of the basis for your request. Include a detailed explanation for each disputed issue. Use the space below and additional sheets as necessary. For locally assessed property valuation review requests, use Form AB-26.

I am/We are dissatisfied with the statement of account or appraisal report provided me by the Department of Revenue for the following reasons (please include a detailed explanation for your conclusions):


**Choose one:**  I request a review of my statement of accounts or appraisal report using only the information I submitted. **OR**  I request an informal review meeting to provide additional information.

Signature of Taxpayer or Representative	Title	Date
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#### FOR DEPARTMENT USE ONLY

As a result of this informal review, an adjustment  **WAS**  **WAS NOT** made for the following reasons:


Please mail this form to: Department of Revenue, PO Box 7149, Helena MT 59604-7149 or email to [DORobjections@mt.gov](mailto:DORobjections@mt.gov).