

# Notice of Referral to the Office of Dispute Resolution

File this form to appeal the determination made by the Department of Revenue's Collections Bureau or Other Agency Debt Unit. If you need additional help, call us at (406) 444-6964.

## **Account Information**

Name of taxpayer, debtor, or business		SSN								
Address		FEIN								
City	State	ZIP Code								

Name of spouse (if joint debt) or individual liable (if business debt)		Spouse's or individual liable's SSN									
Telephone number	Fax number	Email address									
Debt information											

#### Authorization of Representative

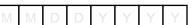
If you would like to have another individual represent you during your informal review process, please provide the information below and attach a completed *Power of Attorney* form, which can be found at <u>MTRevenue.gov</u>, or call us at (406) 444-6900. A fully executed federal *Form 2848, Power of Attorney and Declaration of Representative* is also acceptable.

Name of Representative	Telephone number

#### **Basis for Objection**

As required by law (and to avoid denial of your request) you must provide a written explantion of the basis for your objection. Use the space below and additional sheets as needed. Please include a copy of the Request for Informal Review (Form CB-1) that you previously submitted.

## Date of the Collections Bureau's or Other Agency Debt's Determination



The following issues are the basis for objection:

Signature of taxpayer/debtor or individual liable	Title	Date
Spouse's Signature (if joint debt)		Date

Please mail this form to:

Montana Department of Revenue Office of Dispute Resolution PO Box 5805, Helena, MT, 59604-5805 Or email to DORDisputeResolution@mt.gov.

Questions? Call us at (406) 444-6964, or Montana Relay at 711 for the hearing impaired.