



Request for Informal Review for Centrally Assessed Companies

CAB-8
V2 9/2016

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 tax appeal process, visit MTRevenue.gov. If you need additional help, call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired.

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 MTRevenue.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 MTRevenue.gov. You can also call us at (406) 444-6900, or Montana Relay at 711 for hearing impaired. 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.