

**Virginia Department Of Taxation  
Administrative Appeal Pursuant To Virginia Code §58.1-1821**

**Taxpayer Information**

Name of Taxpayer \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_

**Administrative Appeal Information**

Tax Contested (Check All That Apply)

Tax Type	Tax Period(s) or Taxable Year(s)
<input type="checkbox"/> Individual Income Tax	_____
<input type="checkbox"/> Corporate Income Tax	_____
<input type="checkbox"/> Retail Sales And Use Tax	_____
<input type="checkbox"/> Other (Specify) _____	_____

Virginia Department Of Taxation Account Number \_\_\_\_\_

FEIN Or SSN \_\_\_\_\_

Date(s) Of Assessment(s)	Bill Number(s)
_____	_____
_____	_____
_____	_____

Issue(s) - State In As Few Words As Possible The Issue(s) You Are Contesting  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Controlling Legal Authority** (Please Cite Specific Relevant Authorities)

Virginia Code \_\_\_\_\_

Regulations (Virginia Administrative Code) \_\_\_\_\_  
\_\_\_\_\_

Prior Ruling Of The Tax Commissioner (Public Documents) \_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**On attached sheets, please fully describe the issue(s) contested. Please note that this appeal will be decided based on the facts before the Department of Taxation. If additional information is needed or requested, it must be furnished with in the prescribed time period or the case will be decided based on the available facts.**

Submitted By\* \_\_\_\_\_

\*A Power of Attorney must be provided authorizing representation of the Taxpayer.

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_