

Tax Liability Adjustment Request

Date: [Insert Date]

[Your Name]

[Your Position]

[Your Organization's Name]

[Your Organization's Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Tax Authority Name]

[Tax Authority Address]

[City, State, Zip Code]

Subject: Request for Tax Liability Adjustment

Dear [Tax Authority Contact Name],

We are writing on behalf of [Your Organization's Name], a non-profit organization dedicated to [brief description of your organization's mission and activities]. Our organization is committed to serving the community and providing resources to those in need.

We are requesting an adjustment to our tax liability for the fiscal year [insert year]. Due to [briefly explain the reason for the adjustment request, e.g., a change in our revenue, unforeseen expenses, etc.], we believe our current tax liability does not accurately reflect our financial situation.

Enclosed with this letter are the necessary documents, including [list any relevant documents, such as financial statements, tax forms, etc.]. We kindly ask that you review our request and consider adjusting our tax liability accordingly.

Thank you for your attention to this matter. We look forward to your prompt response. Please feel free to contact me at [your phone number] or [your email address] should you require any additional information.

Sincerely,

[Your Name]

[Your Position]

[Your Organization's Name]