## **Tax Liability Reassessment Appeal**

Date: [Insert Date]
[Your Name]
[Your Address]
[City, State, Zip Code]
Email: [Your Email]
Phone: [Your Phone Number]
To:
[Tax Authority's Name]
[Tax Authority's Address]

## Subject: Appeal for Reassessment of Tax Liability

Dear [Tax Official's Name],

[City, State, Zip Code]

I am writing to formally appeal the reassessment of my tax liability for the tax year [insert tax year]. My tax identification number is [insert tax ID]. After reviewing the reassessment notice I received on [insert date of notice], I believe that there has been an error that warrants reconsideration.

Specifically, I would like to contest the following issues:

- Issue 1: [Briefly explain the first issue]
- Issue 2: [Briefly explain the second issue]
- Issue 3: [Briefly explain the third issue]

I have attached supporting documents that provide evidence for my claims, including [list any relevant documents]. I kindly request that you review my case and conduct an audit into the matters raised.

Thank you for your attention to this matter. I am looking forward to your prompt response and a resolution to my appeal.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]