

Petition for Deductible Reassessment

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Recipient's Organization]

[Organization's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally petition for a reassessment of my deductible status for the year [insert year]. My tax identification number is [insert tax ID].

In [insert year], I incurred [describe the expenses and reasons for the petition], which I believe qualify for deduction under [mention applicable tax law or guideline]. However, during my previous assessment, these were not fully recognized.

Attached to this letter, you will find documentation supporting my claim, including [list documents such as receipts, previous assessments, etc.]. I kindly request that you review this information and reassess my deductible status accordingly.

I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your consideration.

Sincerely,

[Your Name]