

# Deferred Tax Liability Re-assessment Request

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]

[City, State, Zip Code]

Dear [Tax Authority's Name or "Tax Officer"],

I am writing to formally request a re-assessment of my deferred tax liability for the tax year [Insert Tax Year]. The reason for this request is [briefly explain the reason for the re-assessment, e.g., "recent changes in accounting standards" or "discrepancies in my previously reported figures"].

Enclosed are the relevant documents supporting my request, including [list the documents, e.g., financial statements, amended tax returns, etc.]. I believe these documents provide adequate evidence for your review.

Please let me know if there are any forms or additional information required to facilitate this reassessment. I appreciate your attention to this matter and look forward to your prompt response.

Thank you for your assistance.

Sincerely,

[Your Name]