

# Tax Dispute Resolution Appeal Notification

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Department or Agency Name]

[Department Address]

[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Notification of Appeal for Tax Dispute - [Your Tax Identification Number]

I am writing to formally notify you of my intention to appeal the [insert relevant details of the tax assessment, decision, or notice] dated [insert date of the notice] regarding my tax obligations. After reviewing the documentation provided and considering the circumstances, I believe that the assessment contains errors that impact my tax liability.

As per the guidelines outlined in [insert relevant regulation or code section], I wish to request a formal review of this matter. I have attached all pertinent documents supporting my position, including [list any attached documents, e.g., previous correspondence, financial records].

Furthermore, I would like to request a hearing to discuss this appeal at your earliest convenience. Please let me know of any additional information or documentation required to facilitate this process.

Thank you for your attention to this matter. I look forward to your prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Name]

[Your Position, if applicable]