

FORMAL PROTEST

(FORM ACD - 31094)

Name Taxpayer		SSN# or NM ID #
Mailing Address		
City	State	Zip Code
Contact Name	Telephone Number	Tax Program

Dear Secretary:

I hereby file a formal protest with the Taxation and Revenue Department pursuant to Section 7-1-24 NMSA 1978, against:

- Assessment Number _____, issued _____, for the period _____
- Denial of Claim for Refund, denied on _____
Please attach copy of refund denial letter.
- Other (please specify) _____

The facts relating to this protest are as follows: _____

The grounds for this protest are: _____

I request the following affirmative relief: _____

I will provide the following evidence to support each ground asserted in this protest: _____

Taxpayer's Signature	Date
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