

# 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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