

FORMAL PROTEST

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

Dear Secretary:

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

- Assessment for Tax Reporting Period Ending _____
Assessment Date _____ Letter ID _____
- Denial of Claim for Refund for Period Ending _____
Denial Date _____ Letter ID _____
- 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: _____

I declare that the information reported on this form and any attached supplements are true and correct.

Signature of taxpayer or agent _____ Title _____ Date _____

Type or print name _____ Phone _____ Email Address _____