



Request for Informal Review

CB-1
V1 10/2020

File this form to object Department of Revenue's collection processes or offset of funds within 30 days of the initial notice received from the Collections Bureau or Other Agency Debts unit. If you need additional help, call us at (406) 444-3900. Upon conclusion of review, we will send you a determination letter with our findings.

Account Information

Name of taxpayer, debtor, or business		SSN
Address		FEIN
City	State	ZIP Code

Name of spouse (if joint debt) or individual liable (if business debt)		Spouse's or individual liable's SSN
Telephone number	Fax number	Email address
Debt information		

Authorization of Representative

If you would like to have another individual represent you during your informal review process, please provide the information below and attach a completed *Power of Attorney* form, which can be found at MTRevenue.gov, or call us at (406) 444-6900. A fully executed federal *Form 2848, Power of Attorney and Declaration of Representative* is also acceptable.

Name of Representative	Telephone number

Basis for Objection

As required by law (and to avoid denial of your request) you must provide a written explanation of the basis for your objection. Use the space below and additional sheets as needed.

The following issues are the basis for objection:

Signature of taxpayer/debtor or individual liable	Title	Date
Spouse's Signature (if joint debt)		Date

Please mail this form to:
Montana Department of Revenue
Other Agency Debt
PO Box 1712, Helena MT 59604-1712
Or email to dorotheagencydebts@mt.gov.

Questions? Call us at (406) 444-3900, or Montana Relay at 711 for the hearing impaired.