

Form 50 0005

Administrative Review and Hearings Division

PO Box 47460

Olympia WA 98504-7460

P. 360-534-1335

F. 360-534-1340

DORARHAdmin@dor.wa.gov

Brief Adjudicative Proceeding Appeal Review of Initial Order

Please type or print in ink. You must file this petition within 21 days of the date of the initial order. A petition may be filed by mail, fax, email or by telephone. The mailing address, fax number, phone number, and email address are to the left. A petition sent by US mail is considered filed as of the postmark date. A petition filed by other methods is considered filed on the date received.

1 Taxpayer

Name/business name:

Account ID:

Street address (include city, state, zip):

Phone:

Fax:

Website address:

Contact person:

Phone:

Email:

2 Representative

Name/business name:

Street address (include city, state, zip):

Phone:

Fax:

Email:

3 Initial order you are appealing

Select one. Attach a copy with this petition.

Denied reseller permit

Dated:

Revoked certificate of registration

Dated:

Revoked reseller permit

Dated:

Request to suspend, not renew, or not issue
spirits license

Dated:

Assessed manufactured/mobile home
community fees

Dated:

4 Issues and arguments

Describe the reason for your appeal. Attach additional pages if necessary. Also, attach with this petition all documents and evidence you want us to consider.

5 Signature, confidential tax information authorization, and email authorization

Either the taxpayer or the representative can sign the petition. However, the department must have on file a Confidential Tax Information Authorization to be able to disclose tax information to the representative. The taxpayer can elect to sign the authorization below or submit a separate form located at dor.wa.gov/ctia, unless one is already on file.

Taxpayer:

I hereby certify that I am the owner, corporate officer, or partner of the above named business, I am authorized to execute this form, and the representative named above is authorized to receive confidential tax information from the department on all matters raised on appeal.

Check this box to authorize the Department of Revenue to send correspondence including the reviewing officer's decision by email. I acknowledge that email and fax communications are not secure, and that confidential information sent via email or fax may be intercepted and used by unauthorized persons. I accept these conditions and waive any violation of confidentiality (RCW 82.32.330) that might arise from an unauthorized interception and/or use of email or fax.

Signature:

Date:

Name (please print or type):

Title:

Representative:

Signature:

Date:

Name (please print or type):

Title: