

**ARIZONA DEPARTMENT OF REVENUE  
WITHHOLDING TAX UNIT  
TAXPAYER RESPONSE FORM**

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NAME: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EIN #: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ AUDITOR: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

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PART A  I AGREE WITH THIS PROPOSED DETERMINATION AND DO NOT WISH TO FILE A PROTEST. Checking this box indicates that you agree with all the changes shown on the Proposed Assessment Summary. Checking this box also waives your right to appeal and the proposed assessment becomes due and payable.

Enter the quarters and years for which you agree with the proposed assessment: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE DATE

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PART B  I DISAGREE WITH THIS PROPOSED DETERMINATION AND WISH TO FILE A PROTEST.

- (1) Enter the amount of tax, penalty and interest you disagree with: \_\_\_\_\_  
(2) Enter the quarters and years for which the proposed assessment is protested: \_\_\_\_\_  
(3) Identify the adjustments you disagree with and explain why you disagree (attach additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Check one of the following boxes:

- I request an informal conference with a representative from the Withholding Tax Audit Section.  
NOTE: If you select this option, you may still request a formal hearing at a later date.  
 I request a formal hearing in the Department's Hearing Office and elect to bypass the opportunity for an informal conference.

\_\_\_\_\_  
SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE DATE

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**INSTRUCTIONS**

- 1) BE SURE TO READ ALL OF THE INFORMATION ON THE BACK BEFORE COMPLETING THIS FORM.
- 2) Complete all of the blank spaces at the top of this form.
- 3) Attach all available documentation to expedite the resolution of your protest. Please call your auditor if you have any questions or want help with the calculations. Include a copy of your Proposed Assessment Summary.
- 4) Return the signed form to the address at the bottom of the next page of the instructions.

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**IF YOU AGREE WITH ALL OF THE PROPOSED ASSESSMENT**

Complete only Part A if you agree with the proposed assessment. When the auditor receives your signed response, the proposed assessment becomes final, and the full amount becomes due and payable. To avoid additional interest charges, you may send your check or money order for the total amount due with the completed response form. If you are unable to pay the full amount at this time, you can include a brief letter requesting an installment payment plan, which will be forwarded to our Collections Section. If you send a payment, be sure to enclose a copy of the proposed assessment summary with your completed response form.

**IF YOU DISAGREE WITH PART OR ALL OF THE PROPOSED ASSESSMENT**

If your protest is received before the Protest Due Date, you may choose to either discuss your questions with us in an informal conference or present your evidence to a Hearing Officer in a formal hearing. Most disagreements are resolved through informal conferences. If you choose an informal conference now, you may still request a formal hearing at a later date if we cannot resolve your protest. Interest continues to accrue on any unpaid balance. You may pay the protested amounts to stop interest from accruing. Any amount determined to be overpaid as a result of your protest will be refunded, with interest, after the protest is resolved (ARS Section 42-1123).

You must complete and return the signed Taxpayer Response Form by the Protest Due Date shown on the proposed assessment summary. Arizona statutes require you to identify the dollar amount of tax, interest and penalty you disagree with as well as the reason you disagree (ARS 42-1251.A). Please call your auditor if you need assistance calculating these amounts, or if you believe the amounts on the assessment are incorrect.

Be sure to complete all of the information requested at the top and in Part B of the Taxpayer Response Form. Please provide documentation to support your disagreement when you return the response form. This will allow the auditor to resolve your protest more quickly. Return the signed response form to the address below. Be sure to provide a phone number where you may be reached during the day. Please write your EIN number on all correspondence.

If you disagree with *part* of the proposed assessment, the portion you agree with becomes due and payable when you return this form (ARS 42-1251). To avoid additional interest charges, you may send your check or money order for the total amount due with the completed response form. If you send a payment, be sure to enclose a copy of the proposed assessment summary with this response form.

**IF THE PROTEST DUE DATE HAS PASSED**

If the Taxpayer Response Form is not received by the Department or postmarked on or before the Protest Due Date, you forfeit the right to protest and collection activity will begin. If the Protest Due Date expires, you must first pay the total assessment plus additional accrued interest and then file a claim for refund to reinstate your appeal rights.

**APPOINTING SOMEONE TO REPRESENT YOU**

If at any time you wish to appoint someone to represent you, send a completed Power of Attorney form to your auditor. If you wish your representative to sign this Taxpayer Response form on your behalf, the Power of Attorney must be enclosed with it. The Department cannot discuss your case with a representative, or accept this response form signed by a representative, until a completed Power of Attorney is provided. Many representatives have a copy of the Power of Attorney Form available. You can obtain a Power of Attorney form by visiting our Website at: [www.azdor.gov](http://www.azdor.gov)

**The Department can accommodate requests from persons with disabilities providing 72 hours notice is given. Please contact your auditor if you have any questions, need special accommodations, or wish to arrange an informal conference. Please write your EIN on all correspondence.**

**Arizona Department of Revenue  
Education & Compliance Division  
Withholding Tax Unit  
1600 W. Monroe, Div. Code 9  
Phoenix, AZ 85007**