

REQUEST FOR HEARING			
Name of Taxpayer(s):		Date of Protest:	
Taxpayer Identification No:		Date Protest Acknowledged:	
Letter ID No. (if any):		Date of Informal Conference:	
DESCRIPTION OF PROTEST			
Protest Arises From:	Assessment of Tax Refund Denial/Inaction	Denial of Credit Application Denial of Protest	Other: _____
Applicable Program: Check appropriate tax program(s) in dispute	Personal Income Tax Gross Receipts Tax Compensating Tax Withholding Tax Corporate Income and Franchise Tax Weight Distance Tax Other Tax: _____	Rural Job Tax Credit Technology Jobs and Research and Development Tax Credit Film Production Tax Credit Investment Tax Credit High Wage Jobs Tax Credit Other Credit: _____	
Amount in Controversy:	Amount of Tax/Refund: _____ Amount of Interest (if any): _____ Amount of Penalty (if any): _____	TOTAL: _____	
AUTHORIZED REPRESENTATIVES			
Tax and Rev. Department (If known)		Taxpayer(s)	
Attorney:		Name:	
Taxation and Revenue Department - Legal Services Bureau		Business:	
Mailing Address: P.O. Box 630		Mailing Address:	
City, State, Zip Code: Santa Fe, NM 87504-0630		City, State, Zip Code:	
Telephone:		Telephone:	
Fax:		Fax:	
Email:		Email:	
Protest Auditor:		Check all that apply:	Self-Represented
Telephone:		CPA	Attorney (NM)
Fax:		CPA (employee)	Attorney (non-NM)
Email:		Bona Fide Employee	Enrolled Agent
TYPE OF INITIAL HEARING REQUESTED			
Hearing Requested by:		Taxation and Revenue Department	Taxpayer
Initial Hearing Requested:		Merits If either party believes they need more time to exchange documents or conduct discovery, select Scheduling scheduling. If the case is ready for a final hearing, select merits hearings.	
CERTIFICATE OF SERVICE			
I certify that on _____, 20____, this Request for Hearing was (select all that apply): e-mailed to opposing party at _____; mailed by U.S. first class mail and addressed to: _____ at _____, _____, _____.			
_____ Signature of person certifying service			_____ Date
*File completed form (along with checked enclosures) with the Administrative Hearings Office by email at tax.pleadings@state.nm.us or by mail to Administrative Hearings Office, P.O. Box 6400, Santa Fe, NM 87502 . At the time of filing, a copy must also be provided to the opposing party. Enter the service information for the opposing party in this box. If you are unsure who represents the Taxation and Revenue Department, you must email a copy to protest.office@state.nm.us or mail a copy to Protest Office, P.O. Box 1671, Santa Fe, NM 87504-1671 and list that info in the certificate above.			
ENCLOSURES			
<i>Select all that apply and attach additional sheet if necessary</i>			
Notice of Assessment Refund or Credit Denial Protest Denial Protest Acknowledgment Department's Answer	CPA Employee Authorization Certificate Pro Hac Vic O qvqp vq Cqpuqrf cvg 90-Day Hearing Waiver Protest <i>Excluding</i> Enclosures	Protest <i>Including</i> Enclosures: Correspondence Tax Return(s)/Worksheet(s) Application(s)/Worksheet(s) Audit Workpapers/Narrative(s)	Financial Records Contracts NTTCs Other: _____ _____ _____