



Before The Utah State Tax Commission  
**Petition for Redetermination**

**TC-738**  
 Rev. 10/17

→ If you need help with this form, contact the Tax Appeals Unit at 801-297-3900 or email [taxappeals@utah.gov](mailto:taxappeals@utah.gov)

▶ **Petitioner** (print or type)

Taxpayer/owner/company name: \_\_\_\_\_

Doing business as (DBA): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security number/FEIN/Tax Commission account number: \_\_\_\_\_

Social Security number of spouse (if filing jointly): \_\_\_\_\_

▶ **Representative Information** (if applicable)

**If completed by the petitioner:** I authorize the person named below as my representative to discuss and share information concerning this appeal with the Tax Commission. \_\_\_\_\_ (initial)

**If completed by the representative:** As representative, I have Power of Attorney (POA) to file this appeal. The POA is included with this petition. \_\_\_\_\_ (initial)

Representative name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Email: \_\_\_\_\_

▶ **Tax Type and Primary Issue** (check all that apply)

**This appeal involves:**

- Individual income tax     Corporate franchise tax     Sales and use tax     Motor vehicle  
 Penalty/Interest     Refund request     Assessment     Other (specify): \_\_\_\_\_

**This appeal involves an assessment, decision or action by the following Tax Commission Division:**

- Auditing Division     Taxpayer Services Division     Motor Vehicle Division\*     Other (specify): \_\_\_\_\_

**Tax year, audit period or period under audit is:** \_\_\_\_\_

If this appeal is due to a decision, letter, assessment or notice issued by a division in the Tax Commission, a copy of the division's letter or notice needs to be attached to this petition. Note below the date of the division's action, as well as the name and title of the division representative who took action.

Date of action: \_\_\_\_\_ Division representative's name and title: \_\_\_\_\_

▶ **Request for Relief**

Describe the basis for your appeal and the relief you seek from the Tax Commission (attach additional pages if necessary):

▶ **Requirements and Signatures** (check all boxes and sign)

- I have included with this petition the letter, assessment or notice issued by the Tax Commission division that was the cause of this appeal. I noted above the date of action and the name of the division representative who took action.
- I understand I must provide information supporting my position to the Tax Commission Appeals Unit ten (10) business days before the scheduled hearing. I further understand if my information is not provided as directed, my information might not be accepted at the hearing.
- I acknowledge if I have designated a representative, all notices and communications regarding my appeal will go to my representative.

\_\_\_\_\_  
 Name of taxpayer/authorized individual/representative (PRINT)      Signature      Date

▶ **Submitting Petition to Tax Appeals**

**Best way:** Email [taxappeals@utah.gov](mailto:taxappeals@utah.gov)

**By mail:** Tax Appeals Unit, Utah State Tax Commission, 210 North 1950 West, Salt Lake City, UT 84134

**By fax:** 801-297-3919

\*Use this form to appeal Motor Vehicle Division decisions, including all fees EXCEPT towing and and storage fees charged by a tow company.