

State of New Mexico - Taxation and Revenue Department

**Form ACD-31094 FORMAL PROTEST**

To file a formal protest, please enter all required information below. You may submit this form by email, [Protest.Office@state.nm.us](mailto:Protest.Office@state.nm.us), fax, (505) 827-2487, or by mail, Taxation and Revenue Department, P.O. Box 1671 Santa Fe, NM 87504-1671. For questions, call (505) 827-9806.

Name of Taxpayer		SSN# or NM ID #
Mailing Address		Tax Program
City	State	Zip Code
Contact Name	Telephone Number	Email Address

Dear Secretary:

I hereby file a formal protest with the Taxation and Revenue Department pursuant to Section 7-1-24 NMSA 1978, against:

- Assessment for Tax Reporting Period Ending \_\_\_\_\_ Letter ID \_\_\_\_\_  
Amount of Assessment Disputing \_\_\_\_\_ Assessment Date \_\_\_\_\_
- Denial of Claim for Refund for Period Ending \_\_\_\_\_ Letter ID \_\_\_\_\_  
Amount of Claim of Refund \_\_\_\_\_ Denial Date \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

The facts relating to this protest are as follows: \_\_\_\_\_

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

The grounds for this protest are: \_\_\_\_\_

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

I request the following affirmative relief: \_\_\_\_\_

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

I will provide the following evidence to support each ground asserted in this protest: \_\_\_\_\_

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

<i>I declare that the information reported on this form and any attached supplements are true and correct.</i>			
Signature of taxpayer or agent _____	Title _____	Date _____	
Type or print name _____	Phone _____	Email Address _____	