Arizona Form 291

# **BYPASS CONFERENCE REQUEST**

IMPORTANT: Please read the instructions before completing this form.

Part A Petitioner Information		
Name		EIN or License Number
Mailing Address		
City	State	ZIP Code
Phone Number	Audit/Refund Period	
Part B Basis for Appeal	_ 1	
Please identify the facts material to this matter:		
Disease identify the legal issues relevant to this matter:		
Please identify the legal issues relevant to this matter:		
Please identify any documents relevant to this matter that have	ve not been submitted to the Dep	artment:
Include additional pages as needed.		
Part C Bypass Conference Scheduling		
The Bypass Conference will be scheduled within 45 days afte be available:	r this form is received. Please Id	entify any days during that time period that you would not
I hereby request a Bypass Conference with the Arizona Depa	ertment of Revenue pursuant to A	R S 8 42-1251
Thoroby request a Bypass commence man and realizing a specific		
<b>→</b>		
SIGNATURE OF PETITIONER OR AUTHORIZED AGENT	TITLE	
NAME OF PETITIONER OR AUTHORIZED AGENT	DATE	

You may send the completed form electronically by clicking "Submit" or emailing the completed form to bypassrequest@azdor.gov.

# **BYPASS CONFERENCE REQUEST**

#### **PURPOSE**

Pursuant to Arizona Revised Statutes (A.R.S.) § 42-1251(B), except in the case of individual income taxes, if you have an appeal pending under A.R.S. § 42-1251(A), you may bypass the hearing process before the Office of Administrative Hearings or the Arizona Department of Revenue's ("Department") Hearing Office and file an appeal directly with the Arizona Board of Tax Appeals or the Arizona Tax Court. To bypass the administrative hearing process, you must request a Bypass Conference with the Department. The Bypass Conference will be conducted by a Designated Appeals Officer and will take place at the Arizona Department of Revenue, 1600 W. Monroe, Phoenix, AZ 85007. If you would prefer to attend the Bypass Conference telephonically, you may inform the Designated Appeals Officer prior to the Bypass Conference date. Requests for a Bypass Conference must be submitted on this form.

### **GENERAL INSTRUCTIONS**

Complete this form with information regarding the pending appeal. For immediate submission to the Department, the completed form may be submitted electronically by clicking the "submit" button or may be emailed to bypassrequest@azdor.gov. If you are unable to submit electronically, the completed form may also be mailed or hand-delivered to the Department at:

Arizona Department of Revenue Mail Code 1300 1600 W. Monroe Phoenix, AZ 85007

#### SPECIFIC INSTRUCTIONS

#### **PART A: Petitioner Information**

Enter the requested information for the person or entity appealing the Department's decision. Include the audit or refund period at issue in the appeal.

## PART B: Basis for Appeal

Enter the material facts and legal issues relevant to the appeal and identify any documents which may assist in resolving the appeal.

### **PART C: Bypass Conference Scheduling**

List any dates you would be unavailable to attend the Bypass Conference. The Bypass Conference will be scheduled within forty-five (45) days after this form is received by the Department.

### **SCHEDULING**

The Department's Designated Appeals Officer will contact you with information regarding the date and time of the conference. The conference will be scheduled within forty-five (45) days from the date the Department receives your request.

## INFORMATION AND ASSISTANCE

For additional information or assistance please call (602) 716-6803 or email your question to bypassrequest@azdor.gov.

ADOR 11366 (7/18) Instructions