

Request for Penalty Abatement

Please read the instructions carefully before completing this form.

The Arizona Department of Revenue, on written application by the taxpayer, shall abate the penalty if it determines that the conduct, or lack of conduct, that caused the penalty to be imposed was due to reasonable cause and not due to willful neglect.

PART 1 GENERAL INFORMATION

Taxpayer Name PROPERTY MANAGEMENT COMPANY - PMC/AGENT NAME		Daytime Phone (with area code) (000)000-0000
Spouse's Name (if joint return was filed) N/A		Alternate Phone (with area code)
Present Address - number and street, rural route PMC MAILING ADDRESS		Apartment/Suite No.
City, Town or Post Office PMC CITY/TOWN	State PMC ST	ZIP Code PMC ZIP

If you want the Arizona Department of Revenue to work with your representative, complete and include Arizona Form 285, General Disclosure/Representation Authorization Form.

PART 2 TAX TYPE

TAX TYPE	TAXPAYER ID NUMBER	PERIOD(s) OR YEAR(s)	PENALTY AMOUNT
<input type="checkbox"/> Individual Income Tax	<input type="checkbox"/> ITIN or <input type="checkbox"/> SSN		\$
<input checked="" type="checkbox"/> Transaction Privilege and Use Tax	License Number PMC LIC	SEE CLIENT LIST	\$ SEE CLIENT LIST
<input type="checkbox"/> Corporate Income Tax	EIN		\$
<input type="checkbox"/> Withholding Tax	EIN		\$
<input type="checkbox"/> Other (example "Waste Tire"):	EIN/License Number		\$

PART 3 EXPLANATION & DOCUMENTATION

Explain (include additional pages if you need more space):

THE ATTACHED PROPERTY OWNERS MANAGED BY [NAME OF PMC] QUALIFY FOR PENALTY ABATEMENT PURSUANT TO TPR 19-1

PART 4 SIGNATURE

I certify that I have the authority, within the meaning of A.R.S. § 42-2003(A), to execute this authorization form on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a Class 5 felony pursuant to A.R.S. § 42-1127(B)(2).

<p>→ <u>PMC/AGENT SIGNATURE</u> TAXPAYER'S SIGNATURE _____ DATE _____</p> <p><u>PMC REP/AGENT</u> PRINT OR TYPE NAME _____</p> <p><u>PMC</u> TITLE _____</p>	<p>→ _____ DATE _____</p> <p>PRINT OR TYPE NAME _____</p> <p>TITLE _____</p>
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MAIL TO:

PENALTY REVIEW UNIT, DIVISION 9 • ARIZONA DEPARTMENT OF REVENUE • 1600 W MONROE ST • PHOENIX AZ 85007-2612