

# \*SAMPLE\* TRANSACTION PRIVILEGE TAX (TPT) REQUEST

Arizona Form  
**290**

## Request for Penalty Abatement

Please read the instructions carefully and ensure all applicable sections of the form are completed. Ensure all returns are filed and taxes paid prior to submitting. The request will not be considered if incomplete or the account is non-compliant.

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 (REQUIRED)

Taxpayer Name TAXPAYERS TRANSACTION PRIVILEGE TAX (TPT)		Daytime Phone (with area code) (602) 999-9999
Spouse's Name (if joint return was filed)		Email address: TAXPAYERS_TPT@123.COM
Present Address - number and street, rural route 1234 MAIN STREET		Apartment/Suite No.
City, Town or Post Office ANYTOWN	State US	ZIP Code 12345

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

TAX TYPE	REQUIRED	REQUIRED	REQUIRED
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 12345678	01/2022-04/2022	\$ 400.00
<input type="checkbox"/> Corporate Income Tax	EIN		\$
<input type="checkbox"/> Withholding Tax	EIN		\$
<input type="checkbox"/> Other (Trust, Tobacco, Marijuana Excise Tax)	EIN/License Number		\$

### PART 3 EXPLANATION & DOCUMENTATION (REQUIRED)

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

Explain in detail your reason(s) for requesting the abatement. You must include an explanation as to why there is reasonable cause for the returns and/or payments being late. Clear and concise information will allow for a prompt reply. Include additional pages if you need more space.

IMPORTANT: Documentation that supports the basis of your request must be included with the request. Requests without supporting documentation may be denied.

### PART 4 SIGNATURE (Did you print and sign the form?)

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).

→ <u>Joan Q Taxpayer</u> <u>6/1/2022</u> →		
TAXPAYER'S SIGNATURE      DATE	SIGNATURE	DATE
JOAN Q. TAXPAYER		
PRINT OR TYPE NAME	PRINT OR TYPE NAME	
TPT BUSINESS OWNER		
TITLE	TITLE	

### SEND TO:

PENALTY REVIEW UNIT • ARIZONA DEPARTMENT OF REVENUE • 1600 W MONROE ST • PHOENIX AZ 85007-2612  
or FAX the completed form to: (602) 716-6787 or EMAIL the completed form to: [PenaltyReview@azdor.gov](mailto:PenaltyReview@azdor.gov)

ADOR 11237 (06/22)

[Print Form](#)