



Montana Department of Transportation  
 Motor Fuel Section  
 PO Box 201001  
 Helena, MT 59620-1001  
 Phone: (406) 444-6027 Fax: (406) 444-5411 TTY: (406) 444-7696

## Request for Informal Review

Use this form to file a request for an Informal Review with the Department of Transportation to appeal department determinations regarding motor fuel tax, International Fuel Tax Agreement (IFTA), or International Registration Program (IRP) Fees. Department determinations include; Final Audit Results, Notice of assessment for tax, penalty, and/or interest, Notice of dyed fuel civil penalty, Notice of refund or credit reduction, and Notice of license or permit suspensions, cancellations, and/or revocations.

**This form must be filed within 30 days** of the date of the initial statement of account or other notice of adjustment. Mail the form to the Montana Department of Transportation, PO Box 201001, Helena MT 59620-1001 or email to [mdtappeal@mt.gov](mailto:mdtappeal@mt.gov).

Upon conclusion of our review, we will send you a written Informal Review Decision. Please be advised that if you do not agree with the Informal Review Decision, you may appeal further by requesting a formal hearing with the department as provided by Title 2, Chapter 4, Part 6 Montana Codes Annotated.

### Responsible Party Information

Name of Contact Person	License/Permit # if applicable	Date of Request
Address	Appeal is for: (Please circle all that apply)	
City/State/Zip	<b>IFTA IRP SU REFUND DISTRIBUTOR</b>	
Telephone Number	<b>DYED FUEL OTHER</b>	
	Time period (s) in dispute:	

**If you would like to have another individual represent you during the Informal Review, please include the basic information below and fill out the Power of Attorney form and attach.**

Name of Representative	Telephone Number
------------------------	------------------

**Basis for Appeal:** Please provide a written explanation of the basis for your appeal. You need to include a factual statement for each disputed issue in your written explanation. Use the space below and additional sheets as necessary. **If you are only requesting a waiver of late payment penalty and have paid the entire amount of tax and interest that was assessed within 30 days of the notice, you may just check the box below.**

**I am appealing the following issues:**

Request for waiver of late payment penalty (only)

Signature of taxpayer or authorized representative	Title	Date
--	-------	------