

ILLINOIS INDEPENDENT  
TAX TRIBUNAL

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\_\_\_\_\_, )  
Petitioner, )  
v. )  
ILLINOIS DEPARTMENT )  
OF REVENUE, )  
Respondent. )

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**PETITION**

\_\_\_\_\_, (“Petitioner”) petitions the Illinois  
Independent Tax Tribunal to review and reverse and/or modify the

\_\_\_\_\_ Notice of Deficiency (“Deficiency”)

\_\_\_\_\_ Notice of Tax Liability (“Notice”) check all that apply

\_\_\_\_\_ Claim Denial (“Claim”)

\_\_\_\_\_ Penalty (“Penalty”)

\_\_\_\_\_ Interest (“Interest”)

issued by the Illinois Department of Revenue (“Department) for the reasons stated below.

[Separately numbered paragraphs must be used below. Each factual allegation should be set out in its own paragraph or subparagraph.]

**INTRODUCTION**

1. The \_\_\_\_\_ was issued by the Department on \_\_\_\_\_  
(insert Deficiency, Notice, Claim, Penalty or Interest) (date)

\_\_\_\_\_ for \$ \_\_\_\_\_ in \_\_\_\_\_ Tax,  
 (assessing tax or denying refund) (amount) (name of tax)

\$ \_\_\_\_\_ interest, \$ \_\_\_\_\_ in \_\_\_\_\_ penalty, and \$ \_\_\_\_\_ in \_\_\_\_\_  
 (amount) (amount) (name of penalty) (amount) (name of penalty)  
 penalty. The \_\_\_\_\_ was for the period (s) \_\_\_\_\_  
 (insert Deficiency, Notice, or Claim) (beginning date)  
 through \_\_\_\_\_ (“Period”).  
 (ending date)

**BACKGROUND**

2. Petitioner is an individual or stated by the Department to be a Responsible Officer of  
 \_\_\_\_\_ or a \_\_\_\_\_ and the  
 (corporation) (type of business i.e. partnership or sole proprietor)

business address is  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (complete address with city and zip code)

Business telephone number is \_\_\_\_\_.

**ERRORS**

For each error you seek corrected, in a paragraph, identify the error and state both facts in support of your argument and the relevant law.

3. \_\_\_\_\_  
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7. \_\_\_\_\_  
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\_\_\_\_\_

**RELIEF REQUESTED**

8. For the reasons stated above, Petitioner requests that the  
\_\_\_\_\_ (insert Deficiency, Notice, Claim, Penalty or Interest) be

Modified to reflect a lesser amount of \_\_\_\_\_

Dismissed \_\_\_\_\_ Withdrawn and refund granted \_\_\_\_\_ (choose all that apply)

The \_\_\_\_\_ penalty(ies) be abated.

\_\_\_\_\_  
(Petitioner's name)

By: \_\_\_\_\_

Signature (individual, sole proprietor or partner –circle one)

\_\_\_\_\_  
(address)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(e-mail)