

Form 916

Local State Income Tax Assessment Adjustment Request

FORM PURPOSE: Use this form to request an adjustment to a local assessment amount reported by the Commissioner of the Revenue on Form 759.

I. LOCALITY AND TAXPAYER INFORMATION

Locality Name		FIPS	Contact Name	
Contact Telephone Number		Locality Tracking Code		Taxable Year
Taxpayer or Estate/Trust Name			Taxpayer SSN or Estate/Trust FEIN	
Secondary Taxpayer Name			Secondary SSN	
Address		City	State	Zip

II. REASON FOR ADJUSTMENT

A. Assessment will be fully satisfied after adjustment

- Full amount owed paid to Department
- Refund return assessed in error
- Amended return reduces liability to \$0
- Other: Provide details below

B. Assessment will NOT be satisfied after adjustment

- Partial payment sent to Department
- Assessment not computed correctly
- Amended return reduces part of liability
- Other: Provide details below
- ➡ **Check if Treasurer is requesting Department to assume billing**

Additional Information: _____

III. ASSESSMENT INFORMATION

COMMISSIONER OF THE REVENUE – FORM 759

Form 759	Tax Due (6)	Penalty (7)	Interest (8)	760C/F (9)	Total (10)	Paid with Return (11)
Original Entries						
Corrected Entries						
Adjustment Amt						

TREASURER – PENALTY & INTEREST ACCRUALS AND PAYMENTS

First Billing Date	Late Payment Penalty	Interest	Accrual through Date	Bill Payment*	Date of Payment

*If multiple payments have been submitted to the Treasurer, attach details.

IV. SIGN FORM AND FAX TO 804-254-6113

Commissioner of the Revenue

Date

Treasurer

Date