

CPA HEARING NUMBER _____

RE: _____
Taxpayer Name

Taxpayer Number

Tax Period

§
§
§
§
§
§
§

**BEFORE THE COMPTROLLER
OF PUBLIC ACCOUNTS
OF THE STATE OF TEXAS**

CPA HEARING NUMBER _____

RE: _____
Taxpayer Name

Taxpayer Number

Tax Period

§
§
§
§
§
§
§

**BEFORE THE COMPTROLLER
OF PUBLIC ACCOUNTS
OF THE STATE OF TEXAS**

CPA HEARING NUMBER _____

RE: _____
Taxpayer Name

Taxpayer Number

Tax Period

§
§
§
§
§
§
§

**BEFORE THE COMPTROLLER
OF PUBLIC ACCOUNTS
OF THE STATE OF TEXAS**

MOTION FOR EXTENSION OF TIME TO FILE
MOTION FOR REHEARING

On _____, 20____, the Comptroller issued a Comptroller’s Decision in the above-referenced matter(s). The deadline for filing a Motion for Rehearing is _____, 20____. Taxpayer(s) request(s) that the due date be extended to _____, 20____.

The deadline to file a motion for rehearing is 25 days after the decision is signed. A motion for rehearing must identify with particularity findings of fact or conclusions of law that are the subject of the complaint and any evidentiary or legal ruling claimed to be erroneous. The motion must also state the legal and factual basis for the claimed error.

For more information about motions for rehearing, see Pub. 96-1789 at comptroller.texas.gov/taxes/publications/96-1789.pdf.

File your motion for extension of time to file the motion for rehearing with the Deputy Comptroller through the Office of Special Counsel for Tax Hearings.

FAX: 512-936-6190 Email: SpecialCounsel.Filings@cpa.texas.gov

Mail: Deputy Comptroller of Public Accounts
c/o Office of Special Counsel for Tax Hearings
P.O. Box 13528
Austin, Texas 78711-3528

CONCLUSION

For the reasons set out above, Taxpayer(s) request(s) that the Motion for Extension of Time to File Motion for Rehearing be granted.

Respectfully Submitted,

Signature: _____

Printed name: _____ Title: _____
(e.g., President, Director, Manager, Owner, etc.)

Address: _____

Phone (Area code and number): _____ Email: _____

CERTIFICATE OF CONFERENCE

I certify that on _____, 20____, I contacted the Comptroller Tax Hearings Attorney assigned to this case _____ by telephone or email.

Name of Attorney
He/She was not opposed; was opposed; was not available to discuss the extension.

If contacted by telephone, the telephone number used: _____

If sent by email, the email address used: _____

Signature: _____ Date: _____
(to be signed here by same person who signed above)

CERTIFICATE OF SERVICE

I certify that on _____, 20____, a true and correct copy of the foregoing Motion for Rehearing has been served by FAX, mail, or email to the following Comptroller Tax Hearings Attorney assigned to this case: _____.

Name of Attorney
If sent by fax, the fax number used: _____

If sent by mail, the mailing address used: _____

If sent by email, the email address used: _____

Signature: _____ Date: _____
(to be signed here by same person who signed above)