

Who should use this form? Only use this form if your appeal was dismissed for failure to pursue and you want the Department to reinstate it. Refer to the Director’s Order to Dismiss for the reason for dismissal. The decision to reinstate an appeal may only be granted under certain circumstances. For more information on this process and the requirements, see Iowa Administrative Code rule 701—7.12(3).

Do not use this form to argue the merits of your appeal. The Department will not consider any information relating to the merits of your appeal, such as your disagreement with a Department decision, in determining whether to reinstate your appeal.

What is required for the Department to grant your reinstatement application? The only information that is relevant to an application for reinstatement is your explanation of why you failed to respond completely and substantively to the Department correspondence requiring that you undertake certain actions in pursuit of your appeal. You must demonstrate good cause for not responding to the Department’s correspondence. “Good cause” is defined in Iowa Rule of Civil Procedure 1.977. See Iowa Administrative Code rule 701—7.12(3) for more information.

Applications for reinstatement are subject to open records laws. This application and any documents attached to it may be made available for public inspection subject to Iowa’s open records laws. To learn more about what information the Department will automatically redact prior to public disclosure, and how you may request that the Department redact certain other information, please visit revenue.iowa.gov/TBOR.

Applications for reinstatement must be submitted no later than 30 days from the date of the Director’s Order to Dismiss. An application for reinstatement is considered filed on the date of the postmark, if mailed, or on the date of receipt, if hand or electronically delivered. Alternatively, if your dismissed appeal concerned a tax liability owed to the Department, you may pay the liability owed, including penalty and interest due, and file a claim for a refund. If that refund claim is denied, you will have 60 days from the date of the denial letter to file an appeal, pursuant to Iowa Code section 421.60(2)(h). If you wish to seek relief outside the appeal and reinstatement processes, you may file a request for abatement. Please visit revenue.iowa.gov for more information.

Submit Your Application for Reinstatement:

By email:
IDRHearings@iowa.gov
See revenue.iowa.gov
for more options for
submitting your
application

By mail:
ATTN: Legal Services and Appeals
Iowa Department of Revenue
PO Box 14457
Des Moines, IA 50306-3457

In person:
Iowa Department of Revenue
1st Floor Hoover Building
1305 E Walnut
Des Moines, IA 50319

BEFORE THE IOWA DEPARTMENT OF REVENUE
HOOVER STATE OFFICE BUILDING
DES MOINES, IOWA

IN THE MATTER OF:

Name(s): _____

Address: _____

City: _____

State: _____ ZIP: _____

REINSTATEMENT

Docket No.: _____
(filled in by Department)

Appeal Docket Number: _____ Dismissal Date or Letter ID: _____

Reason for Reinstatement. Below, describe all of the relevant facts and circumstances that demonstrate why you failed to respond completely and substantively to the Department's correspondence requiring that you undertake certain actions with regard to your appeal. See page 1 for additional information regarding the requirements for reinstatement. **Do not discuss the merits of your appeal here; the merits of your appeal will not be considered at this time.** If needed, you may attach to this form additional pages and any documentation that supports the facts you allege below.

Signature. If you are completing this form as a representative for the taxpayer, you must include a copy of an executed IA 2848 Power of Attorney form or Representative Certification form, as applicable in Iowa Administrative Code rule 701—7.6, unless you already have one on file with the department.

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this document, and, to the best of my knowledge and belief, it is true, correct, and complete. I declare that I am authorized to act on behalf of the taxpayer, and will act only within my authority.

Signature (Taxpayer or Authorized Representative):

_____ Date: _____

Spouse's signature, if applicable:

_____ Date: _____

Printed name of Taxpayer or Authorized Representative: _____

Printed name of spouse, if applicable: _____

Email: _____ Phone: _____

Spouse email, if applicable: _____ Phone: _____

Mailing address: _____