



Tax Refund Exchange and Compliance System

(TRECs)

Appeal Form

Date: _____

Name of Appealer: _____

Cell Phone: _____ Home Phone: _____

Address of Appealer: _____

Debt Number: _____

Please explain the reason for the appeal:

Please attach documents supporting your appeal.

For Internal Use Only

Approved _____ Denied _____ Comment:

Authorized Signature: _____ Date: _____