CASH PAYMENT DISPUTE

If you wish to dispute a credit for your cash payment made with "Deposit Bags" dropped off at a California Department of Tax and Fee Administration (CDTFA) office, please complete and sign this dispute form. This completed form and supporting documentation, including the applicable CDTFA receipt for this transaction, must be returned to the office where you made the cash payment within 10 business days from the date the CDTFA verified your payment.

Instructions on back

NAME OF TAXPAYER(S) OR FEEPAYER(S)		CDTFA ACCOUNT NUMBER (only list one account number per dispute)		
SINESS NAME		BUSINESS ADDRESS		
MAILING ADDRESS				
SECTION II – PAYMENT INFO	ORMATION			
DATE OF PAYMENT	E OF PAYMENT		TIME OF PAYMENT	
OFFICE ADDRESS (where payment was	made)			
AMOUNT OF PAYMENT	AMOUNT VERIFIED		DIFFERENCE	
CDTFA RECEIPT NUMBER (received from	n CDTFA when bag was dropped off)			
BASIS FOR DISPUTE (required)				

PREPARER'S NAME	SIGNATURE	DATE SIGNED
PREPARER'S TITLE OR POSITION	EMAIL ADDRESS	TELEPHONE NUMBER
CONTACT PERSON (if other than signatory)	SIGNATURE	DATE SIGNED
CONTACT PERSON'S TITLE OR POSITION	EMAIL ADDRESS	TELEPHONE NUMBER

INSTRUCTIONS FOR COMPLETING CASH PAYMENT DISPUTE

When submitting a dispute, you must provide the date, time, the payment amount, the location of the payment, and the basis for dispute within 10 business days from the date the CDTFA verified your payment.

How You Can Submit Your Claim

- Mail, email, fax, or deliver in person (as applicable), this form to the local office where your cash payment was made.
- You may only list one account number per dispute form.

SECTION I - TAXPAYER/FEEPAYER INFORMATION

- Name of Taxpayer or Feepayer and CDTFA Account Number: Enter the name(s) and account number as
 registered with the CDTFA of the account where a cash payment amount is in dispute.
- Business Name and Address: Enter the name of the business (for example, if the taxpayer name of the account is John Doe and the business's name (DBA) is XYZ Auto Repair, XYZ Auto Repair should be entered).
- Mailing Address: Enter the taxpayer/feepayer's mailing address.

SECTION II - PAYMENT INFORMATION PROVIDED BY TAXPAYER/FEEPAYER

- Date and Time of Payment: Enter the date and time the "deposit bag" was dropped off at CDTFA and a CDTFA
 receipt was received.
- Office Address: Enter the local CDTFA office address where you made your payment.
- Amount of Payment: Enter the amount you entered on your CDTFA-705, Currency Deposit, form that is the
 amount you stated you paid.
- Amount Verified: Enter the amount the CDTFA verified and gave your account credit for.
- Difference: Enter the difference between the Amount of Payment and the Amount Verified.
- CDTFA Receipt Number Enter the CDTFA receipt number and please provide a copy with your completed form.
- Basis for Dispute (required): Provide the basis or grounds for the dispute or describe the circumstances.

SECTION III - PREPARER/CONTACT INFORMATION

- Preparer's Name and Signature: The preparer of the dispute form must print and sign his or her name.
- Date Signed: Enter the date the dispute form is signed.
- **Title or Position:** The preparer must include his or her title or position (for example, bookkeeper, attorney, owner, accountant, taxpayer, etc.).
- Email: The preparer must include his or her email address.
- Telephone Number: The preparer must include his or her telephone number.
- Contact Person's Name and Signature (if other than signatory): This line may be used to designate a person (other than the signatory) to contact, should the CDTFA have questions or require additional information. Such persons may be employees, consultants, accountants, attorneys, etc., as designated by the taxpayer or feepayer.
- Date Signed by Contact Person: Enter the date the dispute form is signed.
- Contact Person's Email: The contact person must include his or her email address.
- Telephone Number: The contact person must include his or her telephone number.