

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Tax Office Name]  
Lembaga Hasil Dalam Negeri (LHDN)  
[Office Address]  
[City, State, Zip Code]

Dear [Tax Officer's Name/To Whom It May Concern],  
Subject: Appeal Against [Type of Assessment/Decision] - [Your Tax  
Reference Number]

I am writing to formally appeal against the assessment/decision regarding  
my tax for the year [Year] dated [Date of Assessment/Decision].

I would like to provide the following information and clarifications that  
I believe support my appeal:

1. **\*\*Background Information\*\***

- [Briefly explain your situation, including any relevant details about  
your financial standing or tax obligations.]

2. **\*\*Reason for Appeal\*\***

- [Clearly state the reasons for your appeal. Reference specific  
sections of tax law or any discrepancies present in the assessment.]

3. **\*\*Supporting Documents\*\***

- [List any attached documents that support your claim, such as income  
statements, previous tax returns, correspondence, etc.]

I kindly request that you review my case thoroughly and consider my  
appeal. I am confident that upon reviewing the provided information, the  
discrepancies highlighted will be rectified.

Thank you for your attention to this matter. I look forward to your  
prompt response.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your IC/Passport Number]