ILLINOIS INDEPENDENT

TAX TRIBUNAL

RECEIVED
OCT 31 2014
BY:

Kathleen Marella Gros
on Behalf of
AccessLife Solutions, Inc.

Petitioner,

v.

ILLINOIS DEPARTMENT
OF REVENUE,

Respondent.

14 TT 205

Kathleen Marella Gros
on Behalf of:
AccessLife Solutions, Inc.

PETITION

, ("Petitioner") petitions the Illinois Independent Tax Tribunal to review and reverse and/or modify the

check all that apply

- ✓ Notice of ~~Deficiency~~ Intent ("Deficiency")
- ✓ Notice of Tax Liability ("Notice")
- ___ Claim Denial ("Claim")
- ✓ Penalty ("Penalty")
- ✓ Interest ("Interest")

issued by the Illinois Department of Revenue ("Department) for the reasons stated below.

[Separately numbered paragraphs must be used below. Each factual allegation should be set out in its own paragraph or subparagraph.]

INTRODUCTION

1. The Notices, Penalty & Interest was issued by the Department on August 29, 2014
(insert Deficiency, Notice, Claim, Penalty or Interest) (date)

assessing tax for $ 38,026.22 in IL Withholding Income Tax,
(assessing tax or denying refund) (amount) (name of tax)

$ 2,315.22 interest, $ 4,368.74 in 1002D penalty, and $? in ?
(amount) (amount) (name of penalty) (amount) (name of penalty)
penalty. The Assessment & Notice of Intent was for the period (s) Dec 2010, June 2011,
(insert Deficiency, Notice, or Claim) ~~(beginning date)~~
Sept. ~~through~~ 2011, Dec 2011, Mar. 2012 ("Period").
~~(ending date)~~

BACKGROUND

2. Petitioner is an individual or stated by the Department to be a Responsible Officer of Accesslife Solutions or a N/A and the
(corporation) (type of business i.e. partnership or sole proprietor)

business address ~~x~~was
512 W. Burlington Ave, Ste. 101, LaGrange, IL 60525
(complete address with city and zip code)

Business telephone number is AccessLife Solutions was closed Jan. 31, 2012 & the business ph. No. does not exist, however, Kathleen Gros can be reached at 312-550-0255

ERRORS

For each error you seek corrected, in a paragraph, identify the error and state both facts in support of your argument and the relevant law.

3. Notice of Intent - Add'l time is requested to state all the Facts with supporting relevant Law.

4. Notice of Tax Liability - Add'l time is requested to state all the facts with supporting relevant Law.

5. Penalty - Add'l time is requested to state all the facts with supporting relevant Law.

6. Interest - Add'l time is requested to state all the facts with supporting relevent law.

7.

RELIEF REQUESTED

8. For the reasons stated above, Petitioner requests that the Notice of Intent & Tax Liability, Penalty & Interest (insert Deficiency, Notice, Claim, Penalty or Interest) be Modified to reflect a lesser amount or Dismissal in Full of alleged Tax & Interest due.

~~Dismissed~~ ~~Withdrawn and refund granted~~ ~~(choose all that apply)~~

The IL Withholding Income Tax penalty(ies) be abated.

Kathleen Manella Gros

(Petitioner's name)

By: Kathleen Manella Gros

Signature (individual/sole proprietor or partner --circle one)

505 Columbia Ave, Hinsdale, IL

(address)

312-550-0255

(phone number)

kathymgros@gmail.com

(e-mail)

ction Action
ssment and Notice of Intent

STATE OF Illinois DEPARTMENT OF REVENUE tax.illinois.gov

August 29, 2014

Letter ID: L0705601040

KATHY MANELLA
505 COLUMBIA AVE
HINSDALE IL 60521-4747

Taxpayer ID: XXX-XX-6622
1002D Penalty ID: 3232023

This statement lists our most recent information about your unpaid balance, available credits, or returns you have not filed. A payment voucher is included so you may pay the balance due.

IL Withholding Income Tax **Account ID: 20-5656407-000**

Period	Tax	Penalty	Interest	Other	Payments/Credits	Balance
31-Dec-2010	7,047.95	804.80	580.20	-	-	8,432.95
30-Jun-2011	10,856.27	1,185.63	721.08	-	-	12,762.98
30-Sep-2011	9,479.57	1,047.96	535.52	-	-	11,063.05
31-Dec-2011	7,347.58	834.76	346.95	-	-	8,529.29
31-Mar-2012	3,294.85	495.39	131.47	-	-	3,921.71
	$38,026.22	$4,368.74	$2,315.22			

IDOR-5P-NPL (N-03/07)

Retain this portion for your records.
Fold and detach on perforation. Return bottom portion with your payment.

Collection Action (R-12/08) (136)

Letter ID: L0705601040
KATHY MANELLA

Total amount due: $44,709.98

Write the amount you are paying below.

$_____.____

Write your Account ID on your check.

Mail this voucher and your payment to:
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

000 006 005366619040 731 123199 2 0000004470998