



ALABAMA TAX TRIBUNAL
 Notice of Appeal
 Alabama Department of Revenue Disputes
 www.taxtribunal.alabama.gov

FORM
ATT-1
 1/2024

7515 Halcyon Summit Drive • Suite 103 • Montgomery, AL 36117 • (334) 954-7195

(1) TAXPAYER NAME	SSN OR FEIN
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(2) TAXPAYER MAILING ADDRESS (Street, City, State, Zip Code)

(3) TELEPHONE NUMBER ()	E-MAIL ADDRESS	I consent to electronic (paperless) communications.
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(4) TAXPAYER'S AUTHORIZED REPRESENTATIVE (Complete and attach Alabama Tax Tribunal Power of Attorney Form 2848ATT)

(5) AUTHORIZED REPRESENTATIVE'S MAILING ADDRESS (Street, City, State, Zip Code)

(6) TELEPHONE NUMBER ()	E-MAIL ADDRESS	I consent to electronic (paperless) communications.
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(7) What year(s) or period(s) are you appealing? _____

(8) Check the appropriate box below identifying the type of tax you are appealing:

- | | | |
|---|---|---|
| <input type="checkbox"/> Individual Income Tax | <input type="checkbox"/> Sales or Use Tax | <input type="checkbox"/> Business Income Tax |
| <input type="checkbox"/> Business Privilege Tax | <input type="checkbox"/> Withholding Tax | <input type="checkbox"/> Other (please specify) _____ |

(9) Check the appropriate box below identifying what you are appealing:

- | | | |
|---|--|---|
| <input type="checkbox"/> Final assessment | <input type="checkbox"/> Denied refund | <input type="checkbox"/> Other (please specify) _____ |
|---|--|---|

(10) Attach a copy of the Revenue Department's final assessment or notice of refund denial from which you are appealing. You may also submit copies of all records, correspondence, etc., that are relevant to your appeal.

(11) Generally state the facts relevant to your appeal, and why you dispute or disagree with the Revenue Department's action. Attach additional pages if necessary.

 Taxpayer(s) Signature(s) Date

 Authorized Representative (Complete and attach Alabama Tax Tribunal Power of Attorney Form 2848ATT) Date

Mail To: Alabama Tax Tribunal
 7515 Halcyon Summit Drive, Suite 103
 Montgomery, AL 36117