



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

FORM
ATT-1
5/2025

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:

☐ Individual Income Tax ☐ Sales or Use Tax ☐ Business Income Tax
☐ Business Privilege Tax ☐ Withholding Tax ☐ Other (*please specify*) _____

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

☐ Final assessment ☐ Denied refund ☐ 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
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Authorized Representative (Complete and attach Alabama Tax Tribunal Power of Attorney Form 2848ATT)	Date
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Mail To: Alabama Tax Tribunal
7515 Halcyon Summit Drive, Suite 103
Montgomery, AL 36117