



ALABAMA TAX TRIBUNAL
Notice of Appeal
Alabama Department of Revenue Disputes

FORM ATT-1

1/2024

www.taxtribunal.alabama.gov

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

(1) TAXPAYER NAME SSN OR FEIN

(2) TAXPAYER MAILING ADDRESS (Street, City, State, Zip Code)

(3) TELEPHONE NUMBER () E-MAIL ADDRESS I consent to electronic (paperless) communications.

(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.

(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.

Multiple horizontal lines for providing facts relevant to the appeal.

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