

Alabama Tax Tribunal Notice of Appeal Alabama Department of Revenue Disputes



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, S	State, Zip Code)		
(3) TELEPHONE NUMBER	E-MAIL ADDRESS		I consent to electronic (paperless) communications.
(4) TAXPAYER'S AUTHORIZED REPRESENTATIV	/E (Complete and attach Alabama Ta	ax Tribunal Power of Attorney Form 2848ATT)	
(5) AUTHORIZED REPRESENTATIVE'S MAILING	ADDRESS (Street, City, State, Zip C	Code)	
(6) TELEPHONE NUMBER	E-MAIL ADDRESS		I consent to electronic (paperless) communications
(7) What year(s) or period(s) are y	ou appealing?		
(8) Check the appropriate box belo	ow 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 belo	ow identifying what you a	re appealing:	
Final assessment	Denied refund	Other (please specify)	
Choose Act			
also submit copies of all record	ds, correspondence, etc.,	ssment or notice of refund denial from wh , that are relevant to your appeal. why you dispute or disagree with the Rev	
. ,	tion to the Alabama Tax	ld like to be considered, you may includ Tribunal, please submit clean copies o	
Taxpayer(s) Signature(s)			Date
Authorized Representative (Complete and attach Alabama Tax Tribunal Power of Attorney Form 2848ATT)			Date

Mail To: Alabama Tax Tribunal

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Montgomery, AL 36117