



ALABAMA TAX TRIBUNAL

Notice of Appeal

County/Municipality Disputes

FORM
ATT-2
5/2025

www.taxtribunal.alabama.gov

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 attached 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) List the county and/or municipality that issued the final assessment or denied the refund in issue. If the appeal involves final assessments or denied refunds involving more than one county and/or municipality, please list all of the counties/municipalities. Attach a separate page if necessary.

(8) What year(s) or period(s) are you appealing? _____

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

County/Municipality Sales Tax

County/Municipality Use Tax

County/Municipality Rental Tax

County/Municipality Lodgings Tax

(10) Generally state the facts relevant to your appeal, and why you dispute or disagree with the county/municipality's action. Attach additional pages if necessary.

(11) Please attach or enclose a copy of the county/municipality'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.

Taxpayer(s) Signature(s)	Date
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Authorized Representative (if applicable complete and attach Power of Attorney Form 2848ATT)	Date
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Mail To: Alabama Tax Tribunal
7515 Halcyon Summit Drive, Suite 103
Montgomery, AL 36117