



# ALABAMA TAX TRIBUNAL Notice of Appeal County/Municipality Disputes

FORM  
**ATT-2**  
10/2025

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
- County/Municipality Business License 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.

(12) If you have any supporting documentation you would like to be considered, you may include it with your notice of appeal. When submitting documentation to the Alabama Tax Tribunal, please submit clean **copies** of documents (**no originals**) on **standard 8.5 x 11-inch paper with no staples**.

\_\_\_\_\_  
Taxpayer(s) Signature(s) Date

\_\_\_\_\_  
Authorized Representative (if applicable complete and attach Power of Attorney Form 2848ATT) Date

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