



ALABAMA TAX TRIBUNAL
Notice of Appeal -
Revenue Department Disputes

FORM
ATT-1
01/2016

www.taxtribunal.alabama.gov

Room 301 • 2 North Jackson Street • Montgomery, AL 36104 • (334) 954-7195

(1) TAXPAYER NAME SSN OR FEIN

(2) TAXPAYER MAILING ADDRESS

(3) TELEPHONE NUMBER () E-MAIL ADDRESS

(4) TAXPAYER'S AUTHORIZED REPRESENTATIVE (IF APPLICABLE)

(5) AUTHORIZED REPRESENTATIVE'S MAILING ADDRESS

(6) TELEPHONE NUMBER () E-MAIL ADDRESS

(7) Check the appropriate box below identifying the type of tax you are appealing:
[] Individual Income Tax [] Sales or Use Tax [] Withholding Tax [] Corporate Income Tax
[] Business Privilege Tax [] IFTA Fuel Tax [] Other (please specify)

(8) Check the appropriate box below identifying what you are appealing:
[] Disputed final assessment [] Denied refund [] Other (please specify)

(9) 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.

(10) Please attach or enclose a copy of the 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.

Taxpayer(s) Signature(s) Date

Authorized Representative (if applicable complete and attach Power of Attorney form 2848A) Date

Please Complete and Mail To: Alabama Tax Tribunal
2 North Jackson Street, Suite 301
Montgomery, AL 36104