



ALABAMA TAX TRIBUNAL Notice of Appeal – County/Municipality Disputes

FORM
ATT-2
07/2021

www.taxtribunal.alabama.gov

Suite 103 • 7515 Halcyon Summit Drive • Montgomery, AL 36117 • (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) Please identify 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
--------------------------	------

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

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