



ALABAMA TAX TRIBUNAL
Notice of Appeal -
Alabama Department of Revenue Disputes

FORM
ATT-1
06/2018

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

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

- Individual Income Tax Sales or Use Tax Withholding Tax Business Income Tax
Business Privilege Tax IFTA Fuel Tax Other (please specify)

(9) Check the appropriate box below identifying what you are appealing:

- Disputed final assessment Denied refund Other (please specify)

(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.

(11) 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.

Multiple horizontal lines for providing details of the 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