



State of Mississippi
 BOARD OF
 TAX APPEALS

Notice of Appeal or Objection

Please type or print in ink, complete in its entirety and sign. An original and three (3) copies of this notice and any attachments are to be filed with the Executive Director of the Board of Tax Appeals (Board). This notice of appeal or objection must be physically received in the offices of the Board within the time period for filing your appeal or objection. See the order or notice of action from which you are appealing for this time period. You may hand deliver, mail, fax or e-mail the completed form to Executive Director, Board of Tax Appeals, 2679 Crane Ridge Dr., Suite A, Jackson, MS 39216-4997, Tel. # (601) 981-3025, Fax # (601) 981-6810, ExecutiveDirector@bta.ms.gov. Filing is not complete upon mailing, faxing or e-mailing. It is your responsibility to make sure that this completed form is physically received in the Board offices within the time period for your appeal or objection. If you send your notice to the Board by fax or e-mail, you must hand deliver or mail the original and three (3) copies of your notice, including attachments, to the Executive Director of the Board before the end of the next business day. Additionally, a copy of this form, with attachments, must be mailed to the Mississippi Department of Revenue, Chief Counsel, Legal Division, P. O. Box 22828 Jackson, MS 39225 at the time of your filing of the form with the Board. Failure to send your form to the MDOR at the address indicated in a timely manner may result in the MDOR or the ABC proceeding with the enforcement of the order or action from which you are appealing or to which you object.

Attach a copy of the order of the Review Board of the Mississippi Department of Revenue (MDOR), the order of an Administrative Hearing Officer of the MDOR, or the notice of the action (suspension, revocation, denial, etc.) of the MDOR or of the Alcoholic Beverage Control Division (ABC) from which you are appealing or the ad valorem assessment of the MDOR to which you object.

Identifying Information of Person (Appellant) Appealing or Objecting to Order or Action of MDOR or ABC.

Name of Appellant _____ FEIN/SSN _____
 Trade name of business, if applicable _____
 Mailing Address (city, state, zip) _____
 Phone _____ Email _____ Fax _____
 Contact Person _____ Title _____

Representative. Representation by an attorney, CPA or other person is not required. However, if represented, please complete this area.

Representative Name(s) _____
 Firm, if applicable _____
 Mailing Address(city, state, zip) _____
 Phone _____ Email _____ Fax _____
 Relationship to the taxpayer _____

If you are represented in this appeal/objection, all notices, orders, other documents and correspondence sent out by the Board or Executive Director in this appeal/objection will be sent only to your representative and not to you. Mailing to your representative is treated as notice to you.

ATTACH POWER OF ATTORNEY FOR REPRESENTATIVE NAMED ABOVE TO APPEAR ON BEHALF OF APPELLANT IN THIS ADMINISTRATIVE APPEAL AND RECEIVE CONFIDENTIAL INFORMATION

Order or Action from Which You Are Appealing or to which You Object: Please identify the order or other action of the MDOR or the ABC from which you appeal or to which you object: (Check all applicable and provide information indicated.)

___ Review Board Order - Review Board Order No.: _____ Date of Order _____
 ___ Administrative Hearing Officer Order - Order No.: _____ Date of Order _____
 ___ Permit Action of ABC - Permit No.: _____ Date of Notice: _____
 Type of Action: ___ Suspension ___ Revocation ___ Fine ___ Denial of issuance, Transfer or Renewal of Permit
 ___ Action on ABC Manager Status - Name of Permittee & Permit No.: _____
 Date of Notice: _____ Type of Action: ___ Suspension ___ Revocation ___ Denial of ABC Manager Status
 ___ Action on Qualified Resort Area: Name of Resort Area & Permit No. (If Any): _____
 Location: _____ Date of Notice: _____
 Type of Action: ___ Denial ___ Revocation ___ Other: (Explain) _____
 ___ ABC Disposal of Alcoholic Beverages/Property - Type of Property: _____ Date of Notice: _____
 ___ Ad Valorem Assessment - Tax Year: _____ Type: _____ Railroad/Public Service Company ___ Railcar ___ Aircraft
 ___ Other: (Explain) _____

Account and Permit Information: If you are appealing from a review board order or from an order of an administrative hearing officer, please indicate the type of tax, permit, license or title involved, including any account, permit, license or title no.:

___ Sales Tax Acct. No.: _____	___ Sales Tax Permit No.: _____
___ Use Tax Acct. No.: _____	___ Beer Permit No.: _____
___ Special City, County Tax No.: _____	___ Tobacco Permit No.: _____
___ Withholding Acct. No.: _____	___ Designated Agent (Title) No.: _____
___ Corp. Income Tax Acct. No.: _____	___ Motor Vehicle Title No.: _____
___ Corp. Franchise Tax Acct. No.: _____	___ Manufacture Housing Title No.: _____
___ Individual Income Tax Acct. No.: _____	___ IFTA Permit No.: _____
___ Petroleum Tax Acct. No.: _____	___ IRP Acct. No.: _____
___ Other Tax Acct. or Permit No.: (Explain) _____	

Explain the reason for your appeal/objection. *Explain in detail why you disagree with the order or action from which you have appealed or to which you object. Attach additional pages if necessary. State the facts upon which you rely, and to the extent known, cite applicable law, rules, or cases in support of your arguments. Also, identify in your explanation that part of the order or action from which you appealed with which you agree. In regard to any ad valorem assessment objected to, please indicate the assessment amount which you contend is correct.*

What relief are you requesting from the Board in this appeal/objection? *Attach additional pages, if necessary.*

Signature.

I hereby certify that I am the person identified on Page 1 of this notice as the appellant filing this appeal/objection or I am a corporate officer, partner, member, or other representative of the person/entity identified on Page 1 of this notice as the appellant and I am authorized to sign this Notice of Appeal or Objection on behalf of this appellant under the Power of Attorney that is attached. I also certify that the information contained in this Notice of Appeal or Objection is true and correct and I have attached all copies of orders or notices of actions being appealed or the ad valorem assessment to which objection is being made. As the appellant, or under the authority granted to me by the appellant under the attached Power of Attorney, I also authorize the representative of the appellant identified on the front page of this notice to receive confidential information from the MDOR, the Executive Director of the Board, the Board and/or any employees of the Board on all matters raised in this appeal/objection.

Signature _____ Date _____

Print Name _____ Position/Title: _____

IF NOT SIGNED BY APPELLANT – ATTACH POWER OF ATTORNEY FROM APPELLANT FOR PERSON SIGNING