



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 of Appeal or Objection (Notice) and any attachments **must be filed with the Executive Director of the Mississippi Board of Tax Appeals (Board) within the time period for filing your appeal or objection**, and a copy shall also be mailed to the Mississippi Department of Revenue at the following addresses:

**MS Board of Tax Appeals**  
 Woolfolk Bldg.  
 501 N. West Street, Ste. 601  
 Jackson, MS 39201  
 (\*Original and 3 copies)

**MS Department of Revenue**  
 Legal Division  
 P.O. Box 22828, Jackson, MS 39225  
 500 Clinton Center Drive, Clinton, MS 39056  
 (\*1 copy)

**\*Attach a copy of the Order or Action from which you are appealing or to which you object.**

Filing with the Board 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. See the order or notice of action from which you are appealing for this time period. Failure to send a copy of your Notice and any attachments to the MDOR at the address indicated above 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.

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

Name of Appellant \_\_\_\_\_ FEIN/SSN \_\_\_\_\_  
 Name of Business, if applicable \_\_\_\_\_  
 Mailing Address (city, state, zip) \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Title \_\_\_\_\_

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

Representative Name \_\_\_\_\_  
 Firm, if applicable \_\_\_\_\_  
 Mailing Address (city, state, zip) \_\_\_\_\_  
 Phone \_\_\_\_\_ FAX \_\_\_\_\_ Email \_\_\_\_\_  
 Relationship to taxpayer \_\_\_\_\_

*If you are represented in this appeal/objection, all notices, orders, other documents and correspondence sent by the Board or Executive Director in this appeal 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 APPEAL ON THE BEHALF OF APPELLANT IN THIS ADMINISTRATIVE APPEAL AND RECEIVE CONFIDENTIAL INFORMATION.**

**MDOR or ABC Order or Action from Which You Are Appealing or Objecting:** (Check all applicable and provide information indicated.)

**Order of Board of Review** Order No.: \_\_\_\_\_ Date of Order: \_\_\_\_\_  
 **Order of Admin. Hearing Officer** Order No.: \_\_\_\_\_ Date of Order: \_\_\_\_\_  
 **Action of ABC**  Suspension  Revocation  Denial Other: \_\_\_\_\_  
 Type:  Permit  ABC Manager Status  Qualified Resort Area  Disposal of Alcoholic Beverages/Property  
 Permit No.: \_\_\_\_\_ Date of Notice: \_\_\_\_\_  
 **Objection to ABC Permit Issuance** Name of Permittee: \_\_\_\_\_  
 **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 a Hearing Officer Order, please indicate the type of tax, permit, license or title involved, including account, permit license or title number.*

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

**Explain the reason for your appeal/objection and what relief you are requesting.** *Attach additional pages, if necessary. Explain in detail why you disagree with the order or action from which you appeal or object. 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 any part of the order or action with which you agree. In regard to any ad valorem assessment objection, please indicate the assessment amount which you contend is correct.*

**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 the *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 BTA POWER OF ATTORNEY FORM TO AUTHORIZE PERSON SIGNING**