



State of Mississippi
 BOARD OF
TAX APPEALS

Notice of Appeal or Objection

Please complete this form in its entirety by typing or printing in ink. Your signature is required. 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 (MDOR) at the following addresses:**

MS Board of Tax Appeals
 Woolfolk Building
 501 N. West Street, Suite 118B
 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.**

It is your responsibility to make sure that this completed form is physically received in the Board offices within the statutory time period for your appeal or objection. This time period differs for different types of appeals. Consult the order or notice of action from which you are appealing for the applicable appeal deadline for your case. 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.

*** ___ Check here to authorize the Board to email (in addition to mailing) any Order in this matter to the address indicated above for the appellant and the representative, if applicable.**

Signature: _____ Date: _____

Print Name: _____ Position/Title: _____

IF NOT SIGNED BY APPELLANT – ATTACH BTA POWER OF ATTORNEY FORM TO AUTHORIZE PERSON SIGNING