



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)

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

**MS Department of Revenue**

Legal Division  
P.O. Box 22828, Jackson, MS 39225  
500 Clinton Center Drive, Clinton, MS 39056

(\*1 copy)

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 \_\_\_\_\_  
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**