

**ARKANSAS TAX APPEALS COMMISSION
PETITION FOR EXPEDITED PROCEEDING**

(See Instructions)

Part I Taxpayer. Enter the information regarding the taxpayer below.

Taxpayer Name(s): _____ EIN or SSN (last four digits): _____
 Letter ID: _____
 Account ID: _____
 Street Address: _____ (attach a copy of the DFA notice)
 City: _____ State _____ Zip: _____
 Phone Number (optional): _____ Email (optional): _____

Part II Decision Being Appealed. Check the appropriate box below and provide a copy of the decision.

Description	Statute (Arkansas Code Annotated)
<input type="checkbox"/> Joint refund claims offset	§§ 26-18-507(e)(1)(B)(ii) or 26-36-315(c)
<input type="checkbox"/> Emergency temporary license suspension	§ 26-18-601(b)
<input type="checkbox"/> Cancellation/non-issuance of license, permit, or reg.	§ 26-18-601(c)
<input type="checkbox"/> License revocation (liquified gas special fuels)	§ 26-56-311
<input type="checkbox"/> License revocation (coin-op amusement)	§§ 26-57-413, or 26-57-419
<input type="checkbox"/> Vending machine seizure	§ 26-57-1212
<input type="checkbox"/> Jeopardy assessment	§ 26-18-402
<input type="checkbox"/> Business closure	§ 26-18-1002
<input type="checkbox"/> License revocation (motor fuels)	§ 26-55-231
<input type="checkbox"/> Motor fuel equipment confiscation	§ 26-55-247

Refer to the applicable statute for details regarding petition deadlines. Immediately upon submitting this petition for filing, call the Clerk at 501-682-2741 to schedule an expedited hearing. The Clerk will serve this Petition on the Department of Finance & Administration.

Tax period(s): _____

Related Matter Pending? If this appeal is related to an ongoing proceeding with the Commission, enter:

- The taxpayer's name(s) _____
- The docket number (if known): _____

Part III Reasons for Your Appeal. State the facts on which you rely – see instructions.

Part IV Authorized Representative (if any). Enter the information regarding your representative below.

Name: _____ Title: _____

Firm Name, if applicable: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Part V Hearing Preference. Indicate your preference by checking the appropriate box below.

- In person;
- Virtually via videoconferencing; or,
- Virtually via teleconferencing (phone call).

Part VI Signature

I hereby certify that I am the person identified as the taxpayer on Page 1 of this petition, or I am a corporate officer, partner, member, or other representative of the person or entity identified on Page 1 as the taxpayer, or I am authorized to sign this petition on behalf of the taxpayer under the Power of Attorney submitted herewith. I also certify the foregoing information is true and correct, and I have included a copy of the order or notice of the Department's decision.

Signature: _____ Date: _____

Print Name: _____ Title: _____

FOR CLERK'S USE ONLY

The foregoing Petition has been served upon the Department of Finance and Administration this _____ day of _____, 2____ by the following means: _____

By: Clerk of the Commission

NOTICE OF EXPEDITED HEARING

NOTICE is hereby given that the foregoing matter is scheduled for hearing before the Arkansas Tax Appeals Commission on _____, 2____ beginning at __:__ __.m. and continuing thereafter until completed.

By: Clerk of the Commission