

**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

Instructions: Petition for Expedited Proceeding

(Rev. Sept 2022)

NOTE: Electronic filing of all documents after the initial petition is required of all authorized representatives (unless a disability prevents it) and is encouraged for all taxpayers proceeding *pro se* (i.e., without an authorized representative). Login credentials and instructions will be emailed to you upon receipt of this form by the Clerk of the Commission.

General Instructions for Filing Petition

The Tax Appeals Commission recommends this petition be filed online at <https://tac.arkansas.gov>. Taxpayers proceeding *pro se* may file this form: (1) in person, Monday through Friday between 8:00 am and 4:30 pm (except on state government holidays); or (2) by mail to:

Clerk of the Commission
Tax Appeals Commission
900 West Capitol, Suite 310
Little Rock, AR 72201

If not filing online, fill out this form and mail or hand deliver it to the Commission. Type or print legibly in ink.

Provide a copy of the Department of Finance and Administration (DFA) decision that you are appealing.

More information concerning the appeal process and the Commission's Rules of Procedure are available online at <https://tac.arkansas.gov>.

There is no fee for filing this petition.

Questions regarding this form should be directed to the Clerk of the Commission at the above address or by phone at 501-682-2741. The Clerk is prohibited from offering legal advice.

Specific Instructions

Part I – Taxpayer Information

If the taxpayer is an entity (corporation, partnership, LLC, trust, etc.), enter the entity's information in the spaces provided. Taxpayer's phone number and email address are not required for the Petition to be valid. If provided, you consent to be contacted by the Commission using the phone number and email address provided.

The Letter ID and Account ID can be found on the notice issued to you by the DFA. Be sure to attach a copy of the DFA notice.

Part II – Action or Decision of the Department

Check the box indicating the Arkansas statute under which the DFA has acted. DO NOT use this form unless you seek administrative relief under one of the statutes listed. Use a separate form for non-expedited proceedings. All forms are available online at <https://tac.arkansas.gov>.

Expedited Proceedings

The Arkansas statutes listed provide for expedited proceedings, which cause the filing deadlines for those petitions to be sooner than ninety (90) days. *If the decision you are appealing calls for an Expedited Proceeding, call the Clerk at 501-682-2741 upon filing your petition to inform the Commission and request a date, time, and location for the hearing to be confirmed by a written Notice of Hearing.*

Related Matter Pending

If there are separate matters that involve similar issues of law or fact and identical or related parties, the matters may be consolidated if it appears that consolidation would promote the just, speedy, and inexpensive resolution of the proceedings and would not unduly prejudice the rights of a party, including the taxpayer's right to confidentiality. If your appeal is related to an ongoing proceeding with the Commission, enter the taxpayer's name(s) and the docket number (if known) in the spaces provided.

Part III – Reasons for Your Appeal

State the facts sufficiently clear to identify your reasons for opposing the proposed assessment, denial of a claim for refund, or other action of the DFA, and the specific items at issue. Explain why you disagree with the DFA's determination or action and explain why the issue(s) should be decided in your favor. Attach additional pages if necessary. Provide, if known, the law, rules, or cases in support of your arguments. Be careful not to simply state "assessment is too high" or "assessment is wrong"; instead, provide specific reasons for your belief.

The Commission may reject your petition if the reasons for disagreement and why relief is requested are not provided.

Part IV – Authorized Representative Information

A Power of Attorney form identifying the authorized representative must be submitted if the Petition is signed by a representative and not the taxpayer. The Power of Attorney form can be obtained from the Commission's office or online at <https://tac.arkansas.gov>. Enter the information regarding your lead representative in the spaces provided. Representation by an attorney, CPA or other person is allowed but not required. You may appoint more than one authorized representative but only one person shall serve you as your lead representative.

Part V – Hearing Preference

Indicate whether you elect for the hearing to be in person, by teleconference, by videoconference, or by a combination thereof.

You may request to have an in-person hearing at a location other than Little Rock by filing a motion with the Commission to have the hearing at a location more convenient to you. The presiding commissioner may grant such request or may require that you choose between an in-person hearing in Little Rock, a teleconference, or a videoconference. If you desire a hybrid proceeding (in-person with one or more individuals participating virtually), check the box for an in-person hearing and notify the Clerk.

Part VI – Signature

Sign your name and enter the other information requested in the spaces provided. If signing for an entity, you must be authorized under Arkansas law to act on behalf of the entity (owner, officer, trustee, etc.) and must enter your title in the space provided. If the appeal relates to a joint tax liability of married taxpayers, either spouse may sign.