

**ARKANSAS TAX APPEALS COMMISSION
PETITION**

(See Instructions)

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

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

Part II Decision Being Appealed (provide a copy).

Tax type at issue (*see instructions for list*): _____

Tax period(s): _____

Amount disputed: \$_____ (*do not include penalties or interest*)

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 sufficiently clear on which you rely – see instructions.

Part III Reasons for Your Appeal – continued.

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;
- Virtually via teleconferencing (phone call); or,
- No hearing – decision based solely on written submissions – hearing waived.

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