

ARKANSAS TAX APPEALS COMMISSION

REQUEST FOR REDACTIONS

(Ark. Code 26-18-1120)

Part I Case Information. Enter the information requested below.

Docket No.: _____

Date of Decision: _____

Taxpayer Name(s): _____

Part II Redactions Requested. Submit additional pages using the same format, if necessary.

Page No.	Para. No.	Term or Phrase to be Redacted	Reason for Redaction

Signature(s)

Taxpayer or Authorized Representative

Additional Taxpayer or Authorized Representative

Date

Instructions

The Commission will redact its decision prior to publication pursuant to its Rules of Procedure. This form may be used to request redactions from the Commission’s decision. If you want to request specific redactions, this form must be filed with the Commission within ten (10) days of the date the Commission served the parties with the decision.

This form should be filed using the electronic filing system established by the Commission. Parties exempt from the electronic filing system may file a hard copy of this form with the Clerk of Commission. List each redaction separately. For each term or phrase that you want redacted, provide the page and paragraph number within the decision of that term or phrase, the exact term or phrase, and your reason. If more space is needed, submit additional pages using the same format.

