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## ALABAMA DEPARTMENT OF REVENUE

## Petition For Review of Preliminary Assessment

Taxpayer's Name		Type of Tax(es)	
Address		Period Covered	
		Total Amount Assessed_	
Telephone Number		Account Number	
Taxpayer's ID Number (Social Security Number or FEIN)			
Explain below the reason(s) why you additional sheets if necessary.)	disagree with the Preliminary	Assessment entered by	the Department. (Attach
<ol> <li>If you have additional evidence or information the appropriate block and attach photoe Additional Evidence or Information</li> <li>Do you wish to schedule a conference of you will be notified in writing of a date Yes No</li> </ol>	copies if possible. Attached. luring which you may present y	·	Ü
I disagree with the Preliminary Assessment for Review.	nt issued against me for the rea	ason(s) detailed above an	d hereby file this Petition
	Signature of Taxpayer or Repres	entative	Date
	(Representative Must Attach Pov	ver of Attorney)	
	Title		
	Signature of Joint Taxpayer or Re	epresentative	Date

**NOTE:** If this is an appeal by a corporation, an authorized officer must sign. An appeal by a partnership requires the signature of a partner.

This form must be completed and mailed to the address on the Preliminary Assessment within thirty (30) calendar days of the issuance of the Preliminary Assessment.

Questions may be directed to the Department of Revenue at telephone number (334) 242-1340.