



# 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)

1. Explain below the reason(s) why you disagree with the Preliminary Assessment entered by the Department. (Attach additional sheets if necessary.)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. If you have additional evidence or information which will support your objections to the Preliminary Assessment, check the appropriate block and attach photocopies if possible.

Additional Evidence or Information Attached.

3. Do you wish to schedule a conference during which you may present your position to the Department? (If you mark yes, you will be notified in writing of a date and time for a conference.)

Yes     No

I disagree with the Preliminary Assessment issued against me for the reason(s) detailed above and hereby file this Petition for Review.

\_\_\_\_\_  
Signature of Taxpayer or Representative  
(Representative Must Attach Power of Attorney)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Joint Taxpayer or Representative

\_\_\_\_\_  
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 .