



DEPARTMENT OF REVENUE STATE OF MISSISSIPPI

Review Board Appeal Petition

The Review Board hears appeals from taxpayers who disagree with certain actions of the agency. This form must be completed and received by the Review Board within the time provided for your appeal to be filed and a hearing scheduled.

Instructions: Please type or print in ink. Mail the completed form to the address below. If the form is not complete, the Board of Review will return the form for completion.

TAXPAYER REQUESTING THE APPEAL

Name: FEIN/SSN:

Trade Name of Business, if applicable:

Address:

City, State, Zip:

Phone Number: Email: FAX:

Contact Person: Title:

ISSUE(S) BEING APPEALED. Check all that apply. Review Board will NOT consider payment terms as an issue.

- Audit results, Assessment of tax, Interest assessed, Penalty assessed, Denial of Refund, Intent to revoke or suspend a permit, Title, Tag Penalty, Other (list)

Explain the reason for your appeal. Explain in detail why you disagree with the DOR determination and why the issue(s) listed above should be decided in your favor.

Multiple horizontal lines for writing the explanation.

Any documentation not presented to the auditor during the audit should be provided to the auditor prior to the hearing.

**Tax Information** List each/all tax account number(s) you want included in this appeal. Attach additional pages if necessary. Only the account numbers listed below are considered at the hearing.

	<i>Tax Account Number</i>	<i>Amount Contested</i>	<i>Tax Periods</i>
Sales Tax	_____	\$ _____	_____
Use Tax	_____	\$ _____	_____
Special City, County	_____	\$ _____	_____
Withholding	_____	\$ _____	_____
Corporate Income	_____	\$ _____	_____
Corporate Franchise	_____	\$ _____	_____
Individual Income	_____	\$ _____	_____
Petroleum	_____	\$ _____	_____
Transfer Assessment	_____	\$ _____	_____
Other (list)	_____	\$ _____	_____

What decision do you request the Board to make?

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

**Representative** Representation by an attorney, CPA or other person is not required. A power of attorney authorizing the representative to act for the taxpayer must be included with this form. Form 21-002 may be found at [www.dor.ms.gov](http://www.dor.ms.gov) under "Forms."

Is the taxpayer represented by another party?  No  Yes If yes, complete the following:

Representative Name(s): \_\_\_\_\_

Firm, if applicable: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_ FAX: \_\_\_\_\_

Relationship to Taxpayer: \_\_\_\_\_

Please provide name and mailing address where you desire to receive all correspondence regarding this appeal.

Send Correspondence, Decision, and Order to:  Taxpayer, address above  
 Representative, address above  
 Other:

I hereby certify that I am the taxpayer named above or I am the owner, corporate officer, member, partner or other representative of the above named taxpayer. I also certify that I am authorized to execute this form on behalf of the taxpayer. The representative named above is authorized to receive confidential tax information from the DOR on all matters raised on appeal.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_