IT: FA4
4/05

ALABAMA DEPARTMENT OF REVENUE
Petition For Review of Preliminary Assessment

Reset Form

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 block and attach photocopies.
   ☐ 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 entry of the Preliminary Assessment.

Questions may be directed to the Alabama Department of Revenue at telephone number (334) 353-8187.