

**BEFORE THE  
ARIZONA STATE BOARD OF TAX APPEALS**  
100 N. 15th Avenue, Suite 140  
Phoenix, Arizona 85007  
(602) 364-1102

**NOTICE OF APPEAL**

	)	<b>FOR OFFICE USE ONLY</b>
	)	
	)	Filing Date: _____
Appellant(s)	)	
vs.	)	Docket No.: _____
	)	
ARIZONA DEPARTMENT OF REVENUE,	)	Method of Del.: _____
Appellee.	)	Recorded By: _____
	)	Date: _____

1. Appellant's Address: \_\_\_\_\_

Department's/OAH'S Final Order received by Appellant on: \_\_\_\_\_

2. Classification of Tax:  Transaction Privilege  Use  Income  Other \_\_\_\_\_

Origin of Tax: (State of Arizona) (City of \_\_\_\_\_)

The year(s) or other period involved: \_\_\_\_\_

	Yr _____	Yr _____	Yr _____	Yr _____	Yr _____
Tax/atty fees appealed:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Claim for refund:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Interest appealed:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Penalty appealed:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

3. Statement of issues involved in the appeal: (Separate page may be used if necessary) \_\_\_\_\_

4. Statement of errors the Appellant alleges the Department committed in the determination. (Separate page may be used if necessary) \_\_\_\_\_

5. Relief Sought: \_\_\_\_\_

6. Oral Hearing Requested: Yes  No  (See Instructions)

\* \_\_\_\_\_

Authorized Signature	Title	Date	Telephone Number
_____	_____	_____	_____
Authorized Signature	Title	Date	Telephone Number
_____	_____	_____	_____

Print/Type Above Signature(s)

Arizona State Bar Number

Address City State Zip Code

**\*READ IMPORTANT INSTRUCTIONS ON ATTACHED PAGE\***