

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

_____))
 _____))
 _____))
 Appellant(s))
 _____))
 vs.)
 _____))
 ARIZONA DEPARTMENT OF REVENUE, and/or the)
 CITY/TOWN OF _____))
 Appellee. _____)

Docket No.: _____

1. Appellant's Address: _____

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

2. Classification of Tax: [] Transaction Privilege [] Income [] Use [] 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