

STATE OF MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH MICHIGAN TAX TRIBUNAL SMALL CLAIMS DIVISION	NON-PROPERTY TAX APPEAL PETITION FORM	DOCKET NUMBER
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Failure to complete this form, including signature, and return it by filing deadline will result in **dismissal**.
If additional space is needed to provide the information requested, please use a separate sheet.

1. Petitioner(s) Name and Address _____ _____ _____ Petitioner's Daytime Phone No. _____	2. Agent or Attorney (if any) Name and Address _____ _____ _____ Agent/Attorney Phone No. _____
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3. Specify the date the Final Notice of Assessment or Letter Denying a Refund or Other Tax Adjustment was issued: _____
 Did Petitioner file the letter of appeal or this Petition form within 35 days of the issuance of that Notice or Letter? Yes _____ No _____
 If no, explain in the space provided, why Petitioner believes the Tribunal has jurisdiction over this appeal.

4. Please specify the type of tax assessed: _____ (Single Business, Sales, Use and Withholding, Income, Motor Fuel, Cigarette, Corporate Officer, or Other): _____

5. Check the reason(s) for this appeal and explain in the space provided:

Petitioner is appealing the assessed tax.

Petitioner is appealing the assessed interest.

Petitioner is appealing the assessed penalty.

Petitioner is seeking a refund of taxes paid in the amount of \$ _____.

Other. (Please explain in the space provided any other reason Petitioner is appealing.)

6. Explain the basis of your appeal.

7. Provide the following information from the Final Notice of Assessment for *each assessment* being appealed (use additional paper if necessary):

Assessment Number	Tax Assessed	Interest Assessed	Penalty Assessed

8. Provide Petitioner's contention of the amount of tax, interest, and penalty due and paid for *each assessment* being appealed (use additional paper if necessary):

Assessment Number	Tax Due	Tax Paid	Interest Due	Interest Paid	Penalty Due	Penalty Paid

9. Petitioner **is required** to pay a fee for the filing of the appeal. (See Filing Fee Schedule.)
Failure to remit a required fee with this Form may result in **dismissal**. Amount Paid: _____

10.
 If **not** using an agent or attorney, Petitioner is required to sign: _____
 If using an agent or attorney, only agent or attorney is required to sign: _____

PLEASE RETURN THE ORIGINAL AND ONE COPY OF THIS COMPLETED FORM WITH TWO COPIES OF ANY ATTACHMENTS to: Michigan Tax Tribunal, PO Box 30232, Lansing, MI 48909.
Keep a copy of the Form and any original attachments for your records.
 The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.