

**STATE OF MICHIGAN  
DEPARTMENT OF LICENSING & REGULATORY AFFAIRS  
MICHIGAN ADMINISTRATIVE HEARING SYSTEM  
MICHIGAN TAX TRIBUNAL  
SMALL CLAIMS DIVISION**

**PROPERTY TAX APPEAL PETITION FORM  
NON-PROPERTY TAX**

**Petitioner's Contact Information:**

First Name/Company Name	M.I.	Last Name
Mailing Address (No., Street, P.O. Box or Rural Route)		
City or Town	State	ZIP Code
Telephone Number	Fax Number	
E-mail Address		

**Attorney/Authorized Representative's Contact Information:**

First Name	M.I.	Last Name
Firm Name (if any)		
Address (No., Street, P.O. Box or Rural Route)		
City or Town	State	ZIP Code
Telephone Number	Fax Number	
E-mail Address		

**Please Explain the Reason for this Appeal:**

\*Please provide the statutory authority for the imposition of the tax.

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**Assessment Information:**

Type of Tax Assessment(s):	Assessment Number(s):
Check all that is being appealed: <input type="checkbox"/> Tax <input type="checkbox"/> Interest <input type="checkbox"/> Penalty <input type="checkbox"/> Refund of taxes paid in the amount of \$	
Check what action prompted this appeal: <input type="checkbox"/> Final Assessment <input type="checkbox"/> Letter Denying Refund <input type="checkbox"/> Other (Check one)	
If "other", please explain:	
List the Amounts being levied:  Tax _____ Interest _____ Penalty _____	List the refund sought:
List your Contentions:  Tax _____ Interest _____ Penalty _____	

**Signature:**

Petitioner's Signature:  /s/
Attorney or Authorized Representative's Signature:  /s/

**Fee Information:**

A fee of \$100.00 is required for the filing of a Non-Property Tax Appeal.
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