

STATE OF MICHIGAN DEPARTMENT OF ENERGY, LABOR & ECONOMIC GROWTH MICHIGAN TAX TRIBUNAL SMALL CLAIMS DIVISION	<b>NON-PROPERTY TAX APPEAL          PETITION FORM</b>	<b>DOCKET NUMBER</b>
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Failure to complete this form, including signature, and return it by the due date will result in this case being **dismissed**.  
*If additional space is needed to provide the information requested, please use a separate sheet of paper.*

<b>1. Petitioner(s) Name and Address</b> _____ _____ _____ Petitioner's Daytime Phone: _____	<b>2. Agent or Attorney (if any) Name and Address</b> _____ _____ _____ Agent/Attorney Daytime Phone: _____
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**3. Specify the date the Final Notice of Assessment or Letter Denying a Refund or Other Tax Adjustment was issued:** \_\_\_\_\_  
**PROVIDE A COPY OF THE FINAL NOTICE OF ASSESSMENT OR OTHER DOCUMENT FROM WHICH YOU ARE APPEALING.**  
 Was the letter of appeal or this Petition form filed within 35 days of the issuance of that Notice of Assessment or Letter?    Yes                  No

**4. Specify the type of tax assessed:** \_\_\_\_\_ (Single Business Tax; Michigan Business Tax; Sales, Use and Withholding; Income Tax; Motor Fuel; Cigarette; Corporate Officer Liability, etc.)

**5. Indicate what is being appealed. Check any that apply.**

<input type="checkbox"/> The assessed tax.
<input type="checkbox"/> The assessed interest.
<input type="checkbox"/> The assessed penalty.
<input type="checkbox"/> Petitioner is seeking a refund of taxes paid in the amount of \$_____.
<input type="checkbox"/> Other. (Describe)

**6. Explain the reason for your appeal.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

**9. A fee of \$100.00 is required for the filing of this appeal.** Make check payable to: **State of Michigan**.  
**Failure to include the required fee with this Form may result in this case being dismissed.**                                  Amount Paid: \$\_\_\_\_\_

**10.** \_\_\_\_\_  
 (Petitioner's signature, required if no agent involved.)

\_\_\_\_\_

(Agent or attorney signature, if using an agent or attorney)

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.

FAILURE TO PROVIDE A COPY OF YOUR PETITION AND ATTACHMENTS WILL DELAY PROCESSING OF YOUR APPEAL.

**KEEP A COPY OF THIS FORM AND ANY ORIGINAL ATTACHMENTS FOR YOUR RECORDS.** The Tribunal is required to charge for copies of documents.

The Department of Energy, 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.

**For further information, please contact the Tribunal at:**

**PH: (517) 373-3003**

**Web Site: [www.Michigan.gov/taxtrib](http://www.Michigan.gov/taxtrib)**

**E-mail: [taxtrib@Michigan.gov](mailto:taxtrib@Michigan.gov)**

TT265 Revised 03/10

1973 PA 186, As Amended