**IN THE**

**INDIANA TAX COURT**

**CASE No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Petitioner,    )

)

)

v. )

)

Indiana Department of )

State Revenue, )

)

Respondent. )

**PETITION FOR ORIGINAL TAX APPEAL**

**OF A FINAL DETERMINATION OF**

**THE INDIANA DEPARTMENT OF STATE REVENUE**

[Name of Petitioner(s)], [by counsel or pro se], (“Petitioner(s)”) bring(s) this Original Tax Appeal against Respondent, the Indiana Department of State Revenue (“Department”), requesting judicial review of the Department’s final determination. In support, [name of Petitioner(s)] alleges as follows:

1.  State the name and mailing address of Petitioner(s).

2. State the name and mailing address of the Respondent(s).

3. Attach a copy of the Department’s Final Determination that is being appealed.

4. Summarize the facts, issue(s) and conclusion(s) included in the Final Determination.

5.  List the reasons the Petitioner(s) believe the Department’s final determination is erroneous and/or not in accordance with the law.

6.  State the specific relief that Petitioner(s) seek from the Court.

WHEREFORE, Petitioner(s) pray(s) for judicial review of the Department’s Final Determination, for the Court to vacate and set aside that Final Determination, for the Court to remand this case for redetermination in accordance with its Order, and for all other just and proper relief [and further recite any additional or different relief, specifying the type and extent of relief requested].

/s/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attorney/Pro Se Litigant’s Name,

Address

Indiana Attorney Number (if applicable)

CERTIFICATE OF SERVICE

[The name of each party served with this form should be identified, along with the date and method of service, and the name and signature of the person responsible for initiating service.]