## **MARYLAND TAX COURT**

301 W. Preston Street, Suite 1513 Baltimore, Maryland 21201 410-767-4830; 866-223-6075; MRS 800-735-2258

Website: http://taxcourt.maryland.gov

INC	ime of Petitioner(s):	(the a	ppealing party)		<del></del>
Na	ime of Respondent/ Taxing Autl	vs h <b>ority</b>			
Ca	se No(to be assigned by MTC)				
		PETI	TION OF APPEAL		
1.	From what action are you appealing? of a Claim for Refund of Tax; Other:			Taxes; An Al	lowance/Disallowance
2.	Type of Tax Being Appealed (please cTransfer/Recordation: Other:				
3.	The amounts in controversy: Tax		Interest	Penal	ty
4.	The tax year(s) involved:		5. Date of Assessment Noti	ice or action compl	ained of:
	Please succinctly set out the reason(s) y ecessary. Please attach a copy of the C		• .	vas illegal or errone	eous. Continue on bacl
Sig	nature(s):			Date: _	
Print Name(s):			Capacity		
Ma	iling Address:			(Self, Owner, Attor	rney, Representative etc.
Da	ytime Telephone No:		Cell Phone:		
Em -	ail Address: Do you consent to the electronic delive		(If none, please so state) nd pleadings to the email provide	ed? Yes _	No

## **IMPORTANT NOTES:**

- A. If the petitioner(s) is an individual, this Petition should be signed by said petitioner or an attorney. If the petitioner is a legal entity (partnership, LLC, corporation, the Petition must be signed by an attorney or the partner, member or officer of the legal entity and so designate above. The signing attorney must be duly authorized to practice before the Court of Appeals.
- B. If this Petition is the initial pleading filed with the Maryland Tax Court, it must be transmitted to and received by the Tax Court by United States mail, personal delivery, or courier delivery. No other means of transmission for initial Petitions of Appeal will be accepted.