

Please provide any supporting documentation with this form that you would like the Department to consider when reviewing your request.

Complete the following information so that the Department will know who to contact if further information is needed.

Contact Person: _____ Position: _____

Phone Number: (_____) _____ Email Address: _____

▶ Please print your completed form and sign and date below before submission. ◀
Unsigned forms will not be reviewed.

Signature: _____

Printed Name: _____

Position/Title: _____ Date: _____

Your completed form and supporting documentation pertaining to your request for relief from the composite return payment requirement may be submitted for consideration via fax, email or regular mail to the following:

FAX: (334) 242-1030
EMAIL: Tiniko.Arrington@revenue.alabama.gov
MAIL: Alabama Department of Revenue-PTE
Attn: Tiniko Arrington
P.O. Box 327900
Montgomery, AL 36132-7900