Department of Revenue Services Appellate Division 450 Columbus Blvd Ste 1 Hartford CT 06103-1837 (Rev. 06/18)

Taxpayer's name

Form APL-002 Appellate Division Protest Form

Purpose: Form APL-002 may be used to file a written protest of a notice of assessment or disallowance issued by the Department of Revenue Services (DRS), including a protest of penalties imposed in connection with a DRS audit.

Complete and submit Form APL-002 to the DRS Appellate Division by mail (to the address above) or fax to 860-297-4780.

For more information about Form APL-002, visit the DRS website at **www.ct.gov/APPEAL**. If you need additional help, call 860-297-4775, Monday through Friday, during business hours.

Social Security Number or Connecticut Tax Registration Number

Spouse's name (if joint liability)	Spouse's Social Security Number	
Mailing address	City, state, and ZIP code	
Physical address (number and street) (if different from above)	City, state, and ZIP code	
Daytime telephone number	Case Identification Number	Notice Number
Tax type(s)	For the period(s)	1
Name of authorized representative: Attach a copy of Form LGL-001.	Email address of representative	
Basis for Protest		
As required by law, you must provide a written explanation of additional sheets as necessary. Failure to provide an explana your protest.		
(we) are protesting the following issues:		
1		
		
2		
3.		
5		
Taxpayer or authorized representative (Print name)		
Signature of taxpayer or authorized representative	Title	Date
Print name of spouse (if joint liability)		
Spouse's signature (if joint liability)		Date