

**BEFORE THE GEORGIA TAX TRIBUNAL  
STATE OF GEORGIA**

_____ ,	:	
<b>Petitioner,</b>	:	
	:	<b>TAX TRIBUNAL</b>
	:	<b>DOCKET NO.:</b> _____
<b>v.</b>	:	
	:	
<b>COMMISSIONER, GEORGIA</b>	:	
<b>DEPARTMENT OF REVENUE,</b>	:	
	:	
<b>Respondent.</b>	:	

**ELECTION FORM**

The undersigned Petitioner elects to have the Small Claims Division of the Georgia Tax Tribunal have jurisdiction over this proceeding.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_, Petitioner