

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME Mississippi Department of Revenue		CONTACT PERSON Sam Portera, CPA	TELEPHONE NUMBER 601-923-7317	
ADDRESS PO Box 1033		CITY Jackson	STATE MS	ZIP 39215
EMAIL sam.portera@dor.ms.gov	SUBMIT DATE 6/30/20	Name or number of rule(s): Title 35, Part I, Subpart 01 Administrative Practices and Procedures of the Department of Revenue		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Section 106.02(4)(a) was amended to delete the first sentence concerning mandatory public participation during the public comment period. The DOR will follow Miss Code Ann. Section 25-43-3.104 as written. In Section 106.02(4)(c), the phrase, "at his discretion" was added to the first sentence to more accurately reflect the language in Miss. Code Ann. Section 25-43-3.104(2)(a). "Hearing", was replaced with "oral proceeding" for clarification.

Specific legal authority authorizing the promulgation of rule: Miss. Code Ann. Section 25-43-1 through 25-43-3 of the Mississippi Administrative Procedures Law.

List all rules repealed, amended, or suspended by the proposed rule: Miss. Admin Code Title 35.I.01 Administrative Practices and Procedures of the Department of Revenue

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 7/22/20 Time: 1:30 p.m. Place: Mississippi Department of Revenue, 500 Clinton Center Drive, Clinton, MS 39056. Please contact Sam Portera at 601-923-7440 if you are interested in attending.

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

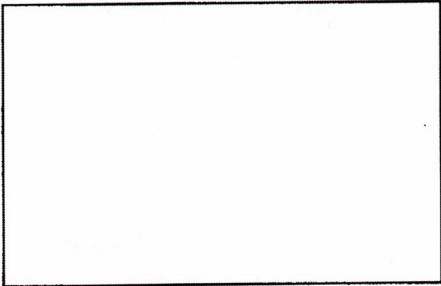
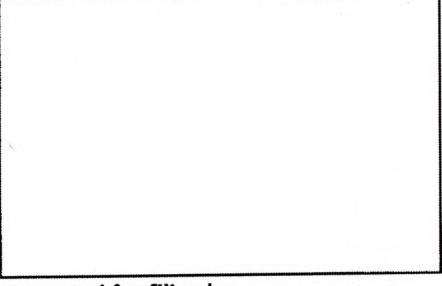
ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) <u>X</u> Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing <u>X</u> Other (specify): <u>8/28/20</u>	Date Proposed Rule Filed: Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Sam Portera, CPA, Deputy Office Director, Tax Policy

Signature of person authorized to file rules: *Sam Portera* Sam Portera

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by _____	Accepted for filing by <u>#24967</u> <u><i>[Signature]</i></u>	Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.