BEFORE THE COURT OF TAX APPEALS OF THE STATE OF KANSAS

TAX GRIEVANCE (K.S.A. 79-332a, 79-1422, 79-1427a or 79-1702)

APPLICANT:					
			(For Stat	te of Kansas use only)	
Applicant Name	(Owner of Record)				
Applicant Addre	ess (Street or Box No	0.)			
City	State	Zip	DOCKET NO	TG	
Applicant Phone	e #:()				
Applicant E-mail:			Fee:	Amt Rec	
			Rec. Date:	Ck #	
ATTORNEY OF	R REPRESENTATI	VE: (If applicable)*	No Fee:	Reason:	
Representative N	Name Titl	e			
Representative A	Address				
			(For	County use only)	
City	State	Zip			
Atty/Rep Phone #:()			Parcel ID #/Personal Property ID # or Vehicle ID #:		
Representative E	E-mail:				
other individual, you either an Entry of Ap of Representative fo Appeals. Tax Repre	presented by an attorney a must provide the Cour ppearance or a current D rm approved by the Cou esentatives are not perm ith the Court.	t with Declaration Irt of Tax itted to sign			
			County's valuation	n: \$	
Taxing County:			LBCS Function Code:		
Year/Years at iss	sue:				
Property at issue	:				
Real Pro	opertyStreet addre	ess, city:			
Personal	l PropertyDescrip	tion:			

- 1. Real Property—For real property, provide a description of all improvements, and attach a copy of the deed.
- 2. Personal Property—For personal property, provide an itemized list of all items, including the acquisition date(s) and any legal documentation of ownership. (If the description is lengthy, attach additional pages to this form.)

3. Penalty-

- a. Has the tax been paid for the years at issue? _____Yes ____No ____Partial
- b. If the tax has been paid in part or in full, please provide date of payment and attach a copy of the tax receipt. _____
- c. What year did you acquire the subject property?
- d. If personal property, what year did you first file a personal property rendition?
- e. Explain in detail why the rendition was not timely filed.

4. Clerical Error-

- a. Have the taxes been paid for the years at issue? _____Yes ____No ____Partial
- b. If the tax has been paid in part or in full, please provide date of payment and attach a copy of the tax receipt.
- c. Indicate the subsection of K.S.A. 79-1701 under which you are seeking relief.
- d. Explain in detail the clerical error that occurred and the nature of relief requested.
- 5. Do you request a formal hearing on this application or do you request that a determination be made from the information provided above?

_____ Hearing

_____ Decision on the information as submitted.

VERIFICATION

I, _____, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

Signature of Applicant

Printed Name and Title

 State of ______)

 County of ______)

This instrument was acknowledged before me on _____ by _____.

Seal

Signature of Notary Public

My appointment expires: _____

COUNTY APPRAISER RECOMMENDATIONS AND COMMENTS

TO COUNTY APPRAISER:

Please answer the following questions and provide any additional comments necessary to support your recommendation. The County Appraiser shall provide a copy of the completed comments and recommendations to the applicant.

1. Do you find the facts as stated by	Yes	No			
2. Do you recommend that the relie	Yes	No			
3. Do you request a hearing on this	Yes	No			
Filing history of the owner: $(N/A = n)$	ot required to file; "O" (zero) = no penalty)				
Current year:	% Penalty				
Past 3 years:	% Penalty	% Penalty			
-	% Penalty				
-	% Penalty				
For the years for which the applicant is re	equesting relief, please provide the total a	mount, to date	e, of:		
Tax\$1	Penalty\$ Interest\$_				
Has the Court of Tax Appeals abated a pr	rior penalty in full or in part?Ye	es	No		
Is there a tax warrant or judgment on this If "Yes", send a copy of the tax warrant a	property?Ye	es ance docket.	No		
Provide any additional comments as to th	e County's position regarding the taxpay	er's request			
	e county s position regulating the taxpuy				
	VERIFICATION				
I,, do correct, to the best of my knowledge and believed.		n set forth here	in is true :		
	Signature of County Officia	1			
State of) County of)	Printed Name and Title				
This instrument was acknowledged before me	e on by	·			
Seal					
	Signature of Notary Public				
My appointment expires:					

TAX GRIEVANCE INSTRUCTIONS

- 1. Each application for a tax grievance must be filled out completely with all accompanying facts.
- 2. The Statement of facts must be in affidavit form. Applications or statements that have not been signed by the applicant or the applicant's attorney, before a Notary Public, will not be considered. See K.A.R. 94-2-1- and K.A.R. 94-2-3.
- 3. Pursuant to Kansas law, the burden is on the applicant to prove affirmatively that relief is necessary. Failure to do so will result in the denial of the application.
- 4. Enclose any applicable filing fee(s) pursuant to K.A.R. 94-2-21. Checks or money orders should be made payable to the Court of Tax Appeals. For information regarding fees with the Court of Tax Appeals, visit <u>www.kansas.gov/cota/</u> or contact the Court at (785) 296-2388. The County Appraiser's office also has fee schedules available.

This form along with the applicable attachments is to be filed with the County Appraiser for recommendations. The County Appraiser will forward the application to the Court of Tax Appeals.