

**APPLICATION FOR A TAX EXEMPTION
FOR STATE ASSESSED PROPERTY**

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

IN THE MATTER OF THE APPLICATION OF

APPLICANT NAME (Owner of Record)

ADDRESS (Street, Box No.)

CITY STATE ZIP

APPLICANT PHONE NO. (_____)_____

DOCKET NO. _____-PVX
(For Office Use Only)

ATTORNEY OR REPRESENTATIVE (if applicable):

NAME TITLE

ADDRESS

CITY STATE ZIP

TELEPHONE (_____)_____

NOTE: If you are to be represented by an attorney or other individual, you must provide the Board with either an Entry of Appearance or current Declaration of Representative form approved by BOTA. Tax representatives are **not** permitted to sign applications filed with the Board.

FOR EXEMPTION FROM AD VALOREM TAXATION FOR PROPERTY LOCATED IN _____ COUNTY, KANSAS.

1. Clearly identify the real and/or personal property at issue. For real property, provide the legal description, the common description, **including street address**, city, county, and state, a description of all improvements, and attach a copy of the deed. 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.)

2. If this is personal property, where was the property located on January 1 of the year you request the exemption to begin? (Provide the street address, city, county and state.) _____

3. Is the subject property leased? If yes, attach a copy of the lease agreement. _____ Yes _____ No

4. Indicate all uses you make of the subject property (Explain in detail). _____

5. Indicate how often you use the subject property for this purpose(s). _____

6. Indicate all other individuals, groups, or organizations that use the subject property. Explain in detail how each individual or entity uses the property.

7. Indicate whether or not a fee is charged in relation to the use of the subject property. If a fee is charged, please explain in detail why there is a fee, how that fee is determined or calculated, and what purpose the fee serves. Include a copy of any fee schedules

8. Indicate the date you acquired ownership of the subject property: _____
 Indicate the date the property was first used for exempt purposes: _____
 Indicate the date you are requesting the exemption begin: _____
 If the property is new construction, indicate the date construction commenced and ended: _____

9. Have you paid the tax at issue? _____ Yes (Provide a copy of tax receipt) _____ No
 If yes, for what year(s)? _____

10. Indicate which statute authorizes the exemption and attach the applicable addition to this application.

11. Do you request a hearing on the application for exemption? _____ Yes _____ No

VERIFICATION

STATE OF KANSAS, COUNTY OF _____, ss:

I, _____, applicant herein, do solemnly swear that the information set forth in this application and any additions or attachments thereto, is true and correct, to the best of my knowledge and belief. So help me God.

Applicant or Attorney Signature

PRINTED NAME AND TITLE

Subscribed and sworn to before me this _____ day of _____, _____.

S E A L

Notary Public

My appointment expires: _____

DIRECTOR OF THE DIVISION OF PROPERTY VALUATION'S
RECOMMENDATIONS AND COMMENTS

TO DIRECTOR OF THE DIVISION OF PROPERTY VALUATION:

Pursuant to K.S.A. 79-213, and amendments thereto, the Director of Property Valuation is required to review each application and recommend whether the relief sought should be granted or denied. Therefore, please answer all of the following questions and provide any additional comments you believe are necessary to support your recommendation.

Provide the Applicant's PIN(s) OR ID NUMBER(s) (if any) USED BY THE DIVISION OF PROPERTY VALUATION:

Provide the Division of Property Valuation's valuation(s) for the property at issue: \$_____

Do you find the facts as stated by the applicant represent the true situation? Yes No

Do you recommend that the relief herein requested be granted? Yes No

Do you request a hearing on this application? Yes No

Indicate the year the State first placed the subject property on the tax rolls under the name of the current owner: _____

For what years, if any have the taxes for the subject property been paid: _____

Please provide any additional comments as to the Division of Property Valuation's position regarding the applicant's request.

Shawnee County, Kansas

Typed (printed) Name of Director of Property Valuation

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Telephone Number

VERIFICATION

STATE OF KANSAS, COUNTY OF SHAWNEE, ss:

I, _____, Director of the Division of Property Valuation, do solemnly swear that the information set forth above is true and correct, to the best of my knowledge and belief. So help me God.

Director of the Division of Property Valuation Signature

INSTRUCTIONS

TAX EXEMPTION APPLICATION FOR STATE ASSESSED PROPERTY

1. Each application for a tax exemption 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 property owner, before a Notary Public, will not be considered. Pursuant to K.S.A. 79-213, and amendments thereto, the property owner is required to file the application. If the subject property is leased, the lessee can not file the application. Tax representatives are not permitted to sign the application.
3. If the applicant is an organization, corporation, partnership, LLC, or other entity, please include a Contact Name on the first page of the application. All Board correspondence, notices, and orders will be addressed to the Contact Name at the street address or box number provided on the first page.
4. 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 request for exemption.
5. This form is to be returned to the Division of Property Valuation for recommendations pursuant to law. The Division of Property Valuation will forward the application to the Board of Tax Appeals. The applicant will provide a copy of the application to the county appraiser.
6. Enclose any applicable filing fee(s) pursuant to K.A.R. 94-2-21. Checks or money orders should be made payable to the **Board of Tax Appeals**.

PLEASE REMEMBER TO INCLUDE ALL APPLICABLE ADDITIONS OR ATTACHMENTS AS REQUESTED. (See questions 1, 3, 7 and 9).