

APPLICATION FOR RELIEF FROM A TAX GRIEVANCE

(Pursuant to K.S.A. 79-332a, 79-1422, 79-1427a or 79-1702)

File completed form with County Appraiser for recommendation and forwarding to the Board of Tax Appeals

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

IN THE MATTER OF THE APPLICATION OF

NAME (Owner of Record)

CONTACT PERSON (if applicable) TITLE

ADDRESS (Street, Box No.)

DOCKET NO. _____-TG
(BOTA USE ONLY)

CITY STATE ZIP

TELEPHONE ()

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.

RELIEF FROM A TAX GRIEVANCE IN:
_____ COUNTY, KS

- 1. Provide a legal description of the real property or, if personal property, provide a list of the personal property involved, including identification numbers if applicable. ATTACH a copy of any deeds, certificates of title, registrations, and personal property renditions and/or lease agreements for the property. This may serve in lieu of a written description if the property is clearly identified and described.

- 2. Provide the County's parcel identification number for real property or the County's personal property identification number and ATTACH a copy of tax statement.

3. If this application is a request for tax abatement or refund:

a. List the tax year(s) on which the grievance is based.

b. Has the tax at issue been paid? _____ Yes _____ No _____ Partial

If the tax has been paid in part or in full, please provide date of payment and ATTACH a copy of tax receipt.

4. What year did you acquire the subject property? _____ If personal property, what year did you first file a personal property rendition? _____

5. For what tax year(s) do you seek penalty relief? _____

6. Explain in detail why relief should be granted: _____

7. Do you request a formal hearing on this application or do you request that a determination be made from the information provided above? [PLEASE NOTE: If you request a hearing, the Board will set a hearing at a future date and may require travel to Topeka.]

_____ Hearing _____ Decision on the information as submitted.

VERIFICATION

STATE OF KANSAS, COUNTY OF _____, ss:

I, _____, applicant herein, do solemnly swear that the information
(Please type or print)
set forth in this application is true and correct, to the best of my knowledge and belief. So help me God.

Applicant or Attorney Signature/Title

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

S E A L

Notary Public

My appointment expires: _____

COUNTY APPRAISER RECOMMENDATIONS AND COMMENTS

TO COUNTY APPRAISER:

Have you carefully examined the facts as set out in the application?	Yes	No
Do you find the facts as stated by the applicant represent the true situation?	Yes	No
Does the County recommend that the relief herein requested be granted?	Yes	No
Does the County request a hearing on this application?	Yes	No

Please provide the filing history of the owner. If no penalty was applied in a prior year because the owner was not required to file a personal property rendition, indicate as not applicable. If applicant timely filed and no penalty was applied, indicate with "0" (zero). If the penalty applied was for escaped property rather than a failure to file, so indicate.

Current year:	_____	_____ % Penalty
Past 3 years:	_____	_____ % Penalty
	_____	_____ % Penalty
	_____	_____ % Penalty

For the years for which the applicant is requesting relief, please provide the total amount, to date, of:

Tax	\$ _____
Penalty	\$ _____
Interest	\$ _____

Has the Board of Tax Appeals abated a prior penalty in full or in part? _____ Yes _____ No

Provide the PIN or other ID number used by the County for this property. _____

Is there a tax warrant or judgment on this property? _____ Yes _____ No.
If "Yes", send a copy of the tax warrant and/or judgment and a copy of the appearance docket.

Provide any additional comments as to the County's position regarding the taxpayer's request. _____

_____ County, Kansas

Signature County Appraiser

Typed (printed) Name of County Appraiser

(_____) _____
Telephone Number

INSTRUCTIONS

TAX GRIEVANCE APPLICATION

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 taxpayer or the taxpayer's attorney, before a Notary Public, will not be considered. See KAR 94-2-1 and 94-2-3. Tax representatives are not permitted to sign the application.
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. This form is to be returned to the County Appraiser for recommendations. The County Appraiser will forward the application to the Board of Tax Appeals.
5. 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, 2 and 3).