

BEFORE THE BOARD OF TAX APPEALS OF THE STATE OF KANSAS

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

APPLICANT:

Applicant Name (Owner of Record)

Applicant Address (Street or Box No.)

City State Zip

Applicant Phone #:(____)_____

Applicant E-mail: _____

ATTORNEY OR REPRESENTATIVE: (If applicable)*

Representative Name Title

Representative Address

City State Zip

Atty/Rep Phone #:(____)_____

Representative E-mail:_____

Taxing County:_____

Year/Years at issue: _____

Property at issue:

Real Property---Street address, city: _____

Personal Property---Description:_____

(For State of Kansas use only)

DOCKET NO. _____-TG

Fee: _____ Amt Rec. _____

Rec. Date: _____ Ck # _____

No Fee: _____ Reason: _____

(For County use only)

Parcel ID #/Personal Property ID #
or Vehicle ID #:

County's valuation: \$ _____

LBCS Function Code: _____

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 the applicant represent the true situation? Yes No
- 2. Do you recommend that the relief requested be granted? Yes No
- 3. Do you request a hearing on this application? Yes No

Filing history of the owner: (N/A = not required to file; "O" (zero) = no penalty)

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

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.

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 County Official

Printed Name and Title

State of _____)
County of _____)

This instrument was acknowledged before me 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. 94-5-4 and K.A.R. 94-5-5.
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. 94-5-8. Checks or money orders should be made payable to the Board of Tax Appeals. For information regarding fees with the Board of Tax Appeals, visit www.kansas.gov/bota/ or contact the Board 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 Board of Tax Appeals.