Nevada Tax Commission



Taxpayer Petition for Appeal of Property Tax-related Issue If you have questions about this form or the appeal process, please call: (775) 684-21000. Email completed form to: stateboard@tax.state.nv.us or Fax (775) 684-2020

Please Print or Type: Part A. PROPERTY OWNER AND PETITIONER INFORMATION										
NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL:										
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER)						TITLE				
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX)						EMAIL ADDRESS:				
CITY		STATE	ZIP CODE	DAYTIME PHONE	ALTERNAT	E PHONE	FAX NUMBER			
Part B. PROPERTY OWNER ENTITY DESCRIPTION Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B. ☐ Sole Proprietorship ☐ Trust ☐ Corporation ☐ Limited Liability Company (LLC) ☐ General or Limited Partnership ☐ Government or Governmental Agency ☐ Other, please describe:										
Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A Check box which best describes the relationship of Petitioner to Property Owner: Additional information may be necessary. Self □ Trustee of Trust □ Employee of Property Owner Co-owner, partner, managing member □ Officer of Company Employee or Officer of Management Company Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property Other, please describe: Part D. PROPERTY IDENTIFICATION INFORMATION										
1. Enter Physical Addres ADDRESS	STREET/ROAD	ty.		CITY (IF APPLICABLE)	CITY (IF APPLICABLE) COUNTY					
2. Enter Applicable APN or Account Number from assessment notice or tax bill: ASSESSOR'S PARCEL NUMBER (APN) ACCOUNT NUMBER PROPERTY IDENTIFICATION NUMBER (PIN)-MINES										
3. Does this appeal involve multiple parcels? Yes □ No □ List multiple parcels on a separate, letter-sized sheet. If yes, enter number of parcels: Multiple parcel list is attached. □										
4. Check Property Type:	☑									
☐ Vacant Land ☐ Residential Property ☐ Multi-Family Residential Property ☐ Possessory Interest in Real or Perso		□ Co □ Ag	☐ Mobile Home (Not on foundation)☐ Commercial Property☐ Agricultural Property nal property			☐ Mining Property☐ Industrial Property☐ Personal Property				
5. Year and Roll Type of Assessment being appealed: Secured Roll Unsecured Roll Tax Year(s)										
Part E. TYPE OF APPE Check box which best describe NRS 361.4734 Appeal of defrom taxation pursuant to NRS 36	AL s the authorit	y of the T	ounty assessor o				lity of a partial abatement			

Other reason, please describe.

NRS 361.4835 Appeal of decision of county assessor or county treasurer to deny waiver of penalty and interest.

Part F. ATTACH A STATEMENT DESCRIBING THE FACTS, REASONS AND STATUTORY BASIS RELIED UPON TO SUPPORT THE APPEAL.

Part G. Check Statement if true: ☑

A COPY OF THE DECISION LETTER OF THE COUNTY ASSESSOR, COUNTY TREASURER OR DEPARTMENT OF TAXATION WHICH IS BEING APPEALED IS ATTACHED.

Part H. AUTHORIZATION OF AGENT

Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the Tax Commission. List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

I hereby authorize the agent whose name and contact information appears below to file a petition to the Nevada Tax Commission.

I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all

and to contest the decision of the County Assessor or Department of Taxation.

related hearings and matters including stipulations and withdrawals before the Nevada Tax Commission.

Authorized Agent Contact Information:											
NAME OF AUTHORIZED AGENT:		TITLE:	TITLE:								
AUTHORIZED AGENT COMPANY, IF APPLICABLE:		EMAIL ADDRESS:	FMAIL ADDDECC.								
ACTIONIZED ACEIVI COMI AIVI, II AI I EICABEE.		LIVIAIL ADDITEGO.	EWAIL ADDRESS.								
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX)											
CITY	STATE	ZIP CODE	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER						
I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the Tax Commission.											
Authorized Agent Signature		Title		Date	Date						
VERIFICATION											
I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief. If Part G above is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part G.											
Petitioner Signature		Title		Date							
Agent Signature required only if Petitioner did not sign certification and a separate Agent Authorization will be submitted. I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and I am the authorized agent with authority to petition the Nevada Tax Commission.											
Authorized Agent Signature Title				Date							