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) 684-2100.
Email completed form to: hsepulveda@tax.state.nv.us.

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	ALTERNATE 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 Address of Property:

ADDRESS	*STREET/ROAD*	*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 ☐ Mobile Home (Not on foundation) ☐ Mining Property
☐ Residential Property ☐ Commercial Property ☐ Industrial Property
☐ Multi-Family Residential Property ☐ Agricultural Property ☐ Personal Property
☐ Possessory Interest in Real or Personal property

5. Year and Roll Type of Assessment being appealed:

☐ Secured Roll ☐ Unsecured Roll Tax Year(s) _____

Part E. TYPE OF APPEAL

Check box which best describes the authority of the Tax Commission to take jurisdiction to hear the appeal.

☐ NRS 361.4734 Appeal of decision rendered by a county assessor or Department of Taxation regarding the applicability of a partial abatement from taxation pursuant to NRS 361.4722, 361.4723 or 361.4724.

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

☐ Other reason, please describe. _____

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

I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the Nevada Tax Commission.

Authorized Agent Contact Information:

NAME OF AUTHORIZED AGENT:			*TITLE:*		
AUTHORIZED AGENT COMPANY, IF APPLICABLE:			*EMAIL 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

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