



**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) 684-2160.

Email completed form to: [hsepulveda@tax.state.nv.us](mailto: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.*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Sole Proprietorship             | <input type="checkbox"/> Trust                          | <input type="checkbox"/> Corporation                       |
| <input type="checkbox"/> Limited Liability Company (LLC) | <input type="checkbox"/> General or Limited Partnership | <input type="checkbox"/> Government or Governmental Agency |
| <input type="checkbox"/> 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.*

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Self   | <input type="checkbox"/> Trustee of Trust   | <input type="checkbox"/> Employee of Property Owner |
| <input type="checkbox"/> Co-owner, partner, managing member   | <input type="checkbox"/> Officer of Company |   |
| <input type="checkbox"/> Employee or Officer of Management Company  |   |   |
| <input type="checkbox"/> Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property |   |   |
| <input type="checkbox"/> Other, please describe: _____  |   |   |

**Part D. PROPERTY IDENTIFICATION INFORMATION**

**1. Enter Physical Address of Property:**

ADDRESS	STREET/ROAD	CITY (IF APPLICABLE)	COUNTY
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**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
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**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. <input type="checkbox"/>
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**4. Check Property Type: ☒**

<input type="checkbox"/> Vacant Land	<input type="checkbox"/> Mobile Home (Not on foundation)	<input type="checkbox"/> Mining Property
<input type="checkbox"/> Residential Property	<input type="checkbox"/> Commercial Property	<input type="checkbox"/> Industrial Property
<input type="checkbox"/> Multi-Family Residential Property	<input type="checkbox"/> Agricultural Property	<input type="checkbox"/> Personal Property
<input type="checkbox"/> Possessory Interest in Real or Personal property		

**5. Year and Roll Type of Assessment being appealed:**

<input type="checkbox"/> Secured Roll	<input type="checkbox"/> Unsecured Roll	Tax Year(s) _____
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**Part E. TYPE OF APPEAL**

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

<input type="checkbox"/> 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.
<input type="checkbox"/> NRS 361.4835 Appeal of decision of county assessor or county treasurer to deny waiver of penalty and interest.
<input type="checkbox"/> Other reason, please describe: _____

**Part G.** *Check Statement if true:* ☒

## Part H. AUTHORIZATION OF AGENT