

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.

**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:**

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.*

<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 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