

Written Petition for Review of Partial Abatement Determination

When completed return this form with the original signature and Agent Authorization if applicable to:
Clark County Assessor's Office - 500 S. Grand Central Parkway - Las Vegas, NV 89155

List the complete name of the Petitioner/Owner and contact information, as applicable.

Name of Petitioner/Owner (Please print or type)

Contact Person (If different than Petitioner name) (Please print or type)

Mailing Address

Mailing Address (If different from Petitioner address)

City State Zip Code

City State Zip Code

Daytime Telephone Number (With area code) Fax Number (If avail.)

Daytime Telephone Number (With area code) Fax Number (If avail.)

E-mail address (If available)

E-mail address (If available)

List the following information about the property being appealed. If multiple parcels are the subject of the appeal, list each parcel number separately on an attached sheet. If multiple parcels are being appealed and do not have the same issues, fill out a separate appeal form for each parcel.

APN or Parcel Identifier: _____

Tax Year Being Appealed: _____ Property Situs: _____

Check the reason for the appeal of the determination of applicability of the partial abatement:

- | | |
|---|--|
| <input type="checkbox"/> Property should qualify as Primary Residence (NRS 361.4723) | <input type="checkbox"/> Additional Value excluded from abatement (NRS 361.4722) |
| <input type="checkbox"/> Rental Property should qualify as low income rental (NRS 361.4724) | <input type="checkbox"/> Exemption from market fluctuations improperly applied (Recapture; NRS 361.4725) |
| <input type="checkbox"/> Property was not given remainder status (NRS 361.4722) | <input type="checkbox"/> Other |

Describe the reason the determination of abated taxes on the property are being appealed and the applicable statute(s). Attach additional sheets or analysis if needed.

Actual Taxes on property for appealed Tax Year \$ _____ Year _____

Proposed Taxes on property for appealed Tax Year \$ _____ (show calculations below)

By signing below, the Petitioner affirms and certifies that the statements are true and correct. (NRS 361.4735 states that any person who falsely claims to be entitled to a partial abatement from taxation, with the intent to evade the payment of the amount of ad valorem taxes required by law, shall pay a penalty of three times the amount of the tax deficiency, in addition to the amount of the tax due and any other penalty provided by law).

Signature (Owner or Agent with attached authorization)

Date

Appeal must be filed to the County Assessor by June 30th of the fiscal year for which the determination is effective.

Agent Authorization. Complete this section only if an agent, including an attorney, has been appointed to represent the Taxpayer in proceedings before the Tax Commission. If you do not have an agent now, but wish to appoint one later, you must file with the Tax Commission a separate Agent Authorization form at the time you appoint the agent.

I hereby authorize the agent whose name and contact information appears below to appear before the Nevada Tax Commission to contest the value and/or exemption established for (Please check one):

- 1) All the properties owned by the Taxpayer in Nevada;
- 2) All the properties owned by the Taxpayer in _____ County, Nevada; or
- 3) Authorization is limited to the following properties:

APN or Parcel Identifier: _____

I further authorize the agent listed below to file petitions during the _____ calendar year; receive all notices and decision letters related thereto; and represent the Taxpayer in all related hearings and matters before the Nevada Tax Commission.

Authorized Agent Contact Information:

Name of Authorized Agent (Please print or type)

Contact Person (If different than Authorized Agent)

Mailing Address

Mailing Address (If different from Agent Address)

City State Zip Code

City State Zip Code

Daytime Telephone Number (With area code) Fax Number (If avail.)

Daytime Telephone Number (With area code) Fax Number (If avail.)

E-mail address (If available)

E-mail address (If available)

I hereby accept appointment as the authorized agent of the Taxpayer.

Authorized Agent Signature

Title

Date

Petitioner Name (Please print or type)

Title (Owner, officer, representative)

Petitioner Signature

Date

*Authorized Agent Signature, if applicable

Date

****If the petition is signed by an authorized agent only, ensure that a separate Agent Authorization Form with Petitioner signature has been completed. If the Petitioner is a corporation, limited partnership, or a limited liability company, the petitioner signature must be signed by an officer or authorized employee of the business entity.***