

BEFORE THE COURT OF TAX APPEALS OF THE STATE OF KANSAS

TAX GRIEVANCE  
(K.S.A. 79-332a, 79-1422, 79-1427a or 79-1702)

APPLICANT:

\_\_\_\_\_  
Applicant Name (Owner of Record)

\_\_\_\_\_  
Applicant Address (Street or Box No.)

\_\_\_\_\_  
City State Zip

Applicant Phone #:(\_\_\_\_)\_\_\_\_\_

Applicant E-mail: \_\_\_\_\_

ATTORNEY OR REPRESENTATIVE: (If applicable)\*

\_\_\_\_\_  
Representative Name Title

\_\_\_\_\_  
Representative Address

\_\_\_\_\_  
City State Zip

Atty/Rep Phone #:(\_\_\_\_)\_\_\_\_\_

Representative E-mail:\_\_\_\_\_

\*Note: If you are represented by an attorney or other individual, you must provide the Court with either an Entry of Appearance or a current Declaration of Representative form approved by the Court of Tax Appeals. Tax Representatives are **not permitted** to sign applications filed with the Court.

Taxing County:\_\_\_\_\_

Year/Years at issue: \_\_\_\_\_

Property at issue:

Real Property---Street address, city: \_\_\_\_\_

Personal Property---Description:\_\_\_\_\_

(For State of Kansas use only)

DOCKET NO. \_\_\_\_\_-TG

Fee: \_\_\_\_\_ Amt Rec. \_\_\_\_\_

Rec. Date: \_\_\_\_\_ Ck # \_\_\_\_\_

No Fee: \_\_\_\_\_ Reason: \_\_\_\_\_

(For County use only)

Parcel ID #/Personal Property ID #  
or Vehicle ID #:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County's valuation: \$ \_\_\_\_\_

LBCS Function Code: \_\_\_\_\_



VERIFICATION

I, \_\_\_\_\_, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name and Title

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

Seal

\_\_\_\_\_  
Signature of Notary Public

My appointment expires: \_\_\_\_\_

COUNTY APPRAISER RECOMMENDATIONS AND COMMENTS

TO COUNTY APPRAISER:

Please answer the following questions and provide any additional comments necessary to support your recommendation. The County Appraiser shall provide a copy of the completed comments and recommendations to the applicant.

- 1. Do you find the facts as stated by the applicant represent the true situation?  Yes  No
- 2. Do you recommend that the relief requested be granted?  Yes  No
- 3. Do you request a hearing on this application?  Yes  No

Filing history of the owner: (N/A = not required to file; "O" (zero) = no penalty)

Current year: \_\_\_\_\_ % Penalty  
 Past 3 years: \_\_\_\_\_ % Penalty  
 \_\_\_\_\_ % Penalty  
 \_\_\_\_\_ % Penalty

For the years for which the applicant is requesting relief, please provide the total amount, to date, of:

Tax---\$\_\_\_\_\_ Penalty---\$\_\_\_\_\_ Interest---\$\_\_\_\_\_

Has the Court of Tax Appeals abated a prior penalty in full or in part?  Yes  No

Is there a tax warrant or judgment on this property?  Yes  No  
If "Yes", send a copy of the tax warrant and/or judgment and a copy of the appearance docket.

Provide any additional comments as to the County's position regarding the taxpayer's request.

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VERIFICATION

I, \_\_\_\_\_, do solemnly swear or affirm that the information set forth herein is true and correct, to the best of my knowledge and belief. So help me God.

\_\_\_\_\_  
Signature of County Official

\_\_\_\_\_  
Printed Name and Title

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ )

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

Seal

\_\_\_\_\_  
Signature of Notary Public

My appointment expires: \_\_\_\_\_

TAX GRIEVANCE  
INSTRUCTIONS

1. Each application for a tax grievance must be filled out completely with all accompanying facts.
2. The Statement of facts must be in affidavit form. Applications or statements that have not been signed by the applicant or the applicant's attorney, before a Notary Public, will not be considered. See K.A.R. 94-2-1- and K.A.R. 94-2-3.
3. Pursuant to Kansas law, the burden is on the applicant to prove affirmatively that relief is necessary. Failure to do so will result in the denial of the application.
4. Enclose any applicable filing fee(s) pursuant to K.A.R. 94-2-21. Checks or money orders should be made payable to the Court of Tax Appeals. For information regarding fees with the Court of Tax Appeals, visit [www.kansas.gov/cota/](http://www.kansas.gov/cota/) or contact the Court at (785) 296-2388. The County Appraiser's office also has fee schedules available.

**This form along with the applicable attachments is to be filed with the County Appraiser for recommendations. The County Appraiser will forward the application to the Court of Tax Appeals.**