

Application for Property Tax Abatement

For Taxes Levied in Tax Year(s): _____

And Taxes Payable in Year(s): _____

Applicant and Property Information

Applicant Information

| | | | | |
|---|-------|------------|------------------------|----------------|
| Last Name | | First Name | | Middle Initial |
| Property Address | | | Social Security Number | |
| City | State | Zip code | County | |
| Parcel ID or legal description of property (from tax statement or valuation notice) | | | School District Number | |

Applicant's Statement of Facts/Settlement

Applicant's Statement of Facts

If the assessed value is being contested, list approximate market value.

| | | | |
|------|------------|-------|--|
| Land | Structures | Total | |
|------|------------|-------|--|

If taxes, penalties, interest, or costs which are now a lien against the real estate are being contested, list below.

| | | | |
|------|--|------------------|-------------|
| Year | Type (taxes, penalty, interest, or cost) | Amount Contested | Amount Paid |
|------|--|------------------|-------------|

Explain why the above amount has not been paid

| | | | |
|------|--|------------------|-------------|
| Year | Type (taxes, penalty, interest, or cost) | Amount Contested | Amount Paid |
|------|--|------------------|-------------|

Explain why the above amount has not been paid

| | | | |
|------|--|------------------|-------------|
| Year | Type (taxes, penalty, interest, or cost) | Amount Contested | Amount Paid |
|------|--|------------------|-------------|

Explain why the above amount has not been paid

| | |
|------------------------|---|
| Total Amount Contested | Portion of total amount contested you are willing to pay |
|------------------------|---|

Explain why you think this settlement is fair and reasonable

Sign Here

Signature of Applicant

Applicant requests that the portion of the contested amount in excess of said sum offered should be abated, canceled and refunded. This statement is a true and full statement of all facts known to the applicant relative to this matter.

| | |
|------------------------|------|
| Signature of Applicant | Date |
|------------------------|------|

Note: Minnesota Statutes, Section 609.41, "Whoever, in making any statement, oral or written, which is required or authorized by law to be made as a basis of imposing, reducing, or abating any tax or assessment, intentionally makes any statement as to any material matter which the maker of the statement knows is false may be sentenced, unless otherwise provided by law, to imprisonment for not more than one year or to payment of a fine of not more than \$3,000.00, or both."

Use of Information

In order to be considered for abatement, you must file this form.

The information on this form will be used to properly identify you and determine if you qualify for abatement of property taxes under M.S. 270C.86 or 270C.34. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your

For Office Use Only

I, the undersigned county auditor, hereby certify the following amounts are the values and taxes currently on our records.

Amounts on Record

| Year | Market Value | | | Taxes | Penalties | Interest | Costs | Total |
|------|--------------|--------------|-------|-------|-----------|----------|-------|-------|
| | Land | Improvements | Total | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Certifications of Approval

For this abatement to be granted by the Commissioner of Revenue, it must have been carefully investigated and receive the favorable recommendation of (i) either the assessor or the county treasurer; (ii) the county auditor; and (iii) the county board.

Recommendation of Assessor or Treasurer

Approved Denied

Signature _____ Title _____ Date _____

Recommendation of County Auditor

Approved Denied

Signature _____ Date _____

County Board of Commissioner's Action (to be completed by County Auditor)

Approved Denied

Signature _____ Date _____

Certifications of Final Approval

(complete only for approved abatements; to be completed by County Auditor)

I certify that the approval of this abatement will result in the following changes:

Total Tax, Penalty, and Interest \$ _____ Proposed Penalty Reduction \$ _____

Proposed Tax Reduction \$ _____ Total Proposed Reduction \$ _____

Proposed Interest Reduction \$ _____ Total Amount Payable \$ _____

Upon payment of \$ _____ by the applicant, all taxes, penalties, interest, and costs above in excess of the payment amount are abated and cancelled, and the payment will be accepted as a full settlement.

This approval was granted by the county board as an official action of that body or by the county auditor under a delegation from the board and has been entered upon the records of the county as a public record showing the names of the taxpayers, other concerned persons, and the amounts.

Signature of County Auditor _____ Date _____

Final Approval

DEPARTMENT OF REVENUE

The Commissioner of Revenue may grant these reductions or abatements of inequitable or unjust taxes, penalties, interest or special assessments not yet paid, and order the refund of taxes, penalties, interest or special assessments that have been erroneously or unjustly paid. (M.S. 270C.86, Subd. 1) Upon the favorable recommendation of the local officials, as certified above, the Commissioner of Revenue approves the abatement of the following amounts:

Proposed Penalty and Interest Reduction \$ _____

Proposed Tax Reduction \$ _____

Total Proposed Reduction \$ _____

Signature of Commissioner or Delegate _____ Date _____

Signature of Commissioner or Delegate _____ Date _____