

Assessment Year	Co-muni Code	County Municipality	Case No.	Report Type
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<b>Property Information</b>			
<input type="checkbox"/> Real estate <input type="checkbox"/> Personal property	Parcel/account number	Is this parcel in a TID? <input type="checkbox"/> Yes <input type="checkbox"/> No	TID number
Property owner name	Due to court ruling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Court determination date	Court case/docket number

Real Estate								
Assessment Before Adjustment				Assessment After Adjustment				(col. g) Total Assessment Difference (cols. c - f)
Class	(col. a) Land	(col. b) Improvement	(col. c) Total Value (cols. a + b)	Class	(col. d) Land	(col. e) Improvement	(col. f) Total Value (cols. d + e)	
Total								

<b>Personal Property</b>				
<input type="checkbox"/> Manufacturing <input type="checkbox"/> Non-manufacturing	Property category	Before adjustment	After adjustment	Difference

<b>Non-manufacturing Interest</b>	
Paid Interest? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total non-manufacturing interest refunded/rescinded

District Information			
Net taxes rescinded or refunded to be charged back to taxing jurisdictions (excluding interest)			
District Code	District Type	District Name	Net Tax
	STATE		
	COUNTY		
	MUNICIPALITY		
	SCHOOL		
	UNION HIGH		
	TECHNICAL COLLEGE		
Total net tax rescinded or refunded (excluding interest)			

<b>Explanation</b>	
I certify the total net taxes were rescinded or refunded to the taxpayer <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reference	Statute explanation
Additional explanation	

**Preparer**

Name	Title
Email	Phone

**Signature Statement**

Under penalties of law, I declare this form and all attachments are true, correct and complete to the best of my knowledge and belief.

Do you agree with this statement?  Yes  No

**Submission Information**

Co-muni Code	Submission Type	Submission Date	Confirmation Number
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**Attachments**

You must attach the documents listed below.

1. Property Tax Bill