

COMMERCIAL-INDUSTRIAL
LUZERNE COUNTY BOARD OF TAX ASSESSMENT APPEALS ASSESSOR'S OFFICE,
200 N RIVER STREET , WILKES-BARRE, PA 18711-1001

APPEAL FROM THE CERTIFIED ASSESSMENT FOR THE TAX YEAR 20_____

Record Owner (name) _____

Mailing Address _____

Property Subject of Appeal _____
Number Street City/Borough/Township

Tax Map Identification Number _____
Map Number Block Lot

Date Purchased _____ Purchase Price _____ Amount of Fire Insurance _____

Deed/Record Book No. _____ Page No. _____ Please attach copy of Current Deed for Property

Assessment Appealed: Land _____ Improvements _____ Total _____ Opinion of Market Value _____

State Reasons for Filing the Appeal: _____

The basis for my appeal: _____ A. Market Value _____ B. Uniformity _____ C. Comparability

Property Type: _____ Check and complete the proper classification.

Commercial: Use _____
Gross Square Ft. _____ Square Ft. Rentable Area _____
Owner Occupied _____ Tenant Occupied _____
If Leased: Annual Rent _____ Date Constructed _____

Office: Gross Square Ft. _____ Square Ft. Rentable Area _____
Owner Occupied _____ Tenant Occupied _____
If Leased: Annual Rent _____ Date Constructed _____

Industrial: Total Square Ft. _____ Square Ft. Rentable Area _____
Sq. Ft. Plant Area _____ Owner Occupied _____
Tenant Occupied _____ If Leased: Annual Rent _____
Lease Type: Net _____ Gross _____ Combination _____ Date Construction _____

Other: Use _____
Gross Square Ft _____ Owner Occupied _____ Tenant Occupied _____

If Leased: Annual Rent _____ Date Constructed _____

“ATTACH LAST 3 YEARS INCOME & EXPENSE STATEMENTS OR COMPLETE THE ATTACHED INCOME & EXPENSE FORM”
By execution and filing of this notice of appeal I/we consent to the hearing on my tax appeal being held and a decision issued thereon after October 31, 20_____ and also that the hearing may be heard by one, two, or three members of the Board of Assessment Appeal.

Certificate of Appeal

I/We hereby declare my/our intention to appeal from the assessed valuation of the property described above and do hereby verify that the statements made in this appeal are true and correct. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S - 4904, relating to unsworn falsification to authorities. **APPELLANT ACKNOWLEDGES HAVING READ “RULES AND REGULATIONS OF THE BOARD” DATED DECEMBER 3, 1993, AS AMENDED**

Signed: _____ Date: _____

_____ Phone: (Home) _____

Owner(s) of Record

(Daytime) _____

All notices of proceedings will be mailed to owner(s) of record and such other as identified below:

****ADDITIONAL
\$5 FEE
REQUIRED**

Name: _____

Address: _____

**COMMERCIAL-INDUSTRIAL
GROSS ANNUAL INCOME FOR 3 PRIOR YEARS**

	20____	20__	20__
Projected income 100% occupied, Include value of rent-free units	\$ _____	\$ _____	\$ _____
Actual income received	\$ _____	\$ _____	\$ _____
Vacancy	\$ _____	\$ _____	\$ _____
Actual other income List by Type:	_____ \$ _____	_____ \$ _____	_____ \$ _____
	_____ \$ _____	_____ \$ _____	_____ \$ _____
	_____ \$ _____	_____ \$ _____	_____ \$ _____
	_____ \$ _____	_____ \$ _____	_____ \$ _____
Total Actual Income Received	\$ _____	\$ _____	\$ _____

GROSS ANNUAL EXPENSES FOR 3 PRIOR YEARS

	20____	20__	20__		
GROSS ANNUAL EXPENSES				ITEMS INCLUDED IN RENT	
FIXED EXPENSES	Real Estate Taxes	\$ _____	\$ _____	\$ _____	() Heating
	Insurance	_____	_____	_____	() Air Conditioning
	Land Rent	_____	_____	_____	() Electricity
	Other	_____	_____	_____	() TV Cable
		_____	_____	_____	() Water
OPERATIONAL EXPENSES	Electricity	\$ _____	\$ _____	\$ _____	() Carpet
	Telephone	_____	_____	_____	() Drapes
	Gas	_____	_____	_____	() Range
	Water & Sewer	_____	_____	_____	() Refrigerator
	Trash Removal	_____	_____	_____	() Dishwasher
	Heating	_____	_____	_____	() Garbage Disposal
	Manager's Salary	_____	_____	_____	() Parking
	Fees	_____	_____	_____	() Pool
	Legal & Accounting	_____	_____	_____	() Rec. Facility
	Payroll Taxes	_____	_____	_____	OTHER:
	Group Insurance	_____	_____	_____	() _____
	Advertising	_____	_____	_____	() _____
	Wages & Salaries	_____	_____	_____	() _____
	Supplies	_____	_____	_____	() Furniture
	Maintenance & Repair	_____	_____	_____	# of Furnished
	Replacement Reserve	_____	_____	_____	Units: _____
	Other	_____	_____	_____	Furniture in Units
		_____	_____	_____	Owned By:
		_____	_____	_____	() Building Owner
		_____	_____	_____	() Rental Company
		_____	_____	_____	() Other
TOTAL EXPENSES		\$ _____	\$ _____	\$ _____	

PLEASE USE REVERSE SIDE FOR ANY OTHER REMARKS RELATIVE TO THE PROPERTY.

THE BOARD OF APPEALS MAY ACT TO RAISE OR LOWER ASSESSMENTS BASED ON THE EVIDENCE PRESENTED BEFORE IT.