

**Michigan Tax Tribunal
Entire Tribunal Case Information Sheet**

1. Petitioner, Address and Phone No.	2. Respondent, Address and Phone No.
3. Agent name, address and phone	4. Agent Name and address, if known
5. Filing Fee Paid: \$	6. Is a proof of service attached? <input type="checkbox"/> Yes <input type="checkbox"/> No

Column below for Property Tax appeal only	Column below for Non-Property Tax appeal only
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A. Amount of State Equalized or Taxable Value in Contention: * \$ _____ * For parcel with highest SEV or Taxable Value in contention	A. Amount in Contention: Tax: \$ _____ Penalty: \$ _____ Interest: \$ _____
B. Issue (designate one): <input type="checkbox"/> Valuation <input type="checkbox"/> Special Assessment <input type="checkbox"/> Equalization C. Reason for appeal: <input type="checkbox"/> True cash value (TCV) & taxable value (TV) <input type="checkbox"/> TV only <input type="checkbox"/> Uncapping: Tax Year(s) at issue: _____ <input type="checkbox"/> Tax Bill: Tax Year(s) at issue: _____ <input type="checkbox"/> STC Order: Tax Year(s) at issue: _____ <input type="checkbox"/> Other (please state): _____ D. Type of Property: <input type="checkbox"/> Real <input type="checkbox"/> Personal E. Classification of Property: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Developmental <input type="checkbox"/> Utility <input type="checkbox"/> Residential <input type="checkbox"/> Agricultural <input type="checkbox"/> Timber Cutover F. Board of Review: Was the parcel appealed to the Board of Review? <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Tax Type (designate one): <input type="checkbox"/> Aircraft Fuel Privilege <input type="checkbox"/> Airport Parking Tax <input type="checkbox"/> Estate Tax <input type="checkbox"/> Individual Income <input type="checkbox"/> Motor Carrier <input type="checkbox"/> Motor Fuel <input type="checkbox"/> Sales, Use, Withholding <input type="checkbox"/> Severance Tax <input type="checkbox"/> Single Business <input type="checkbox"/> Stadia or Convention Facility Financing <input type="checkbox"/> State Convention Facility Dev <input type="checkbox"/> State Real Estate Transfer Tax <input type="checkbox"/> Tobacco Products <input type="checkbox"/> Other (please state): _____

G. Tax Year(s)	H. Parcel ID No. (for parcel listed in "A" above)	C. Assessment No(s). (attach an additional sheet, if necessary)	D. Date of Issuance

I. Are you appealing more than one parcel? a. If yes, how many? _____ b. Are the parcels contiguous? <input type="checkbox"/> Yes <input type="checkbox"/> No (See TTR 240(1)(a))		
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