



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
SUZANNE SONNEBORN
EXECUTIVE DIRECTOR

MARLON I. BROWN, DPA
ACTING DIRECTOR

_____,
Petitioner,

MICHIGAN TAX TRIBUNAL

v

MOAHR Docket No. _____

_____,
Respondent.

ENTIRE TRIBUNAL PROPERTY TAX ANSWER

1. ___ Admit ___ Deny. If denied, state the parcel number for the property identified on the Entire Tribunal Property Tax Petition for the tax year or years at issue:

(If more than one parcel is at issue, attach a completed Multiple Parcel Answer Form addressing all other parcels at issue.)

2. ___ Admit ___ Deny. If denied, the property identified on the Entire Tribunal Property Tax Petition is ___ real ___ personal.

3. ___ Admit ___ Deny. If denied, identify the contiguous and non-contiguous parcels by parcel number (attach additional page if necessary):

4. ___ Admit ___ Deny. If denied, identify the parcel or parcels of personal property that are not located on a parcel of real property under appeal by parcel number (attach additional page if necessary):

5. ___ Admit ___ Deny.

a. If denied, state when the personal property statements were filed, if at all:

b. On what date did the March Board of Review commence:

6. ___ Admit ___ Deny. If denied, state the classification of the property identified on the Entire Tribunal Property Tax Petition for the tax year or years at issue:

7. ___ Admit ___ Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

8. ___ Admit ___ Deny ___ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

9. ___ Admit ___ Deny ___ Neither Admit Nor Deny. If denied, state the facts upon which Respondent relies in support of the denial (attach additional page if necessary):

10. ___ Admit ___ Deny. If denied, in what County are the property or properties located in and what is the address of the property or properties:

11. ___ Admit ___ Deny. If denied, what is the applicable local governmental unit:

12. ___ Admit ___ Deny ___ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

13. If the property's taxable value is at issue, was there an addition or loss for purposes of establishing the property's taxable value for the tax year or years at issue? ___ Yes ___ No.

14. ___ Admit ___ Deny ___ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

15. ___ Admit ___ Deny ___ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

16. The values for the property identified above as established by Respondent's Board of Review are:

Tax Year	True Cash Value	Assessed Value	Taxable Value

17. Respondent contends that the values for the property identified above are:

Tax Year	True Cash Value	State Equalized Value	Taxable Value

18. The values in dispute for the property identified above are:

Tax Year	True Cash Value	State Equalized Value	Taxable Value

19. ___ Admit ___ Deny ___ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

20. ___ Admit ___ Deny ___ Neither Admit Nor Deny. If denied, list the separate facts upon which Respondent relies in support of the denial (attach additional page if necessary):

21. List any separate and specific facts upon which Respondent relies to support every ground on which Respondent relies and also has the burden of proof (attach additional page if necessary):

22. List affirmative defenses and the separate and specific facts upon which Respondent relies in support of those affirmative defenses (attach additional page if necessary):

Signature of Respondent's Authorized Representative, if none, Respondent:

Email Address: _____

Mailing Address:

Telephone Number: _____

Date: _____