



STATE OF MICHIGAN  
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS  
LANSING

GRETCHEN WHITMER  
GOVERNOR

ORLENE HAWKS  
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):

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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):

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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):

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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:

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

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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):

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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):

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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):

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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):

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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):

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\_\_\_\_\_

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: \_\_\_\_\_