

Signer's initials

TAX COMMISSION OF THE CITY OF NEW YORK 1 Centre Street, Room 936, New York, NY 10007

□ Copy

TC105 2012

APPLICATION FOR CORRECTION OF ASSESSED VALUE OF PROPERTY INDICATED ON TAX MAPS BY AN IDENTIFICATION NUMBER

INSTRUCTIONS FOR FORM TC105: Apply on this form if you object to the valuation only; if you also seek Tax Commission review of a classification or exemption claim, make your application on Form TC106 with TC200. Be sure the form is properly signed and notarized. File a photocopy with the original. File only in the Tax Commission's office in Manhattan. It must be received by March 1, 2012. A Tax Commission receipt (Form TC10) is the only proof of timely filing. Submit TC140 at your hearing; list all open proceedings on Form TC140 with index number and year. If you seek review without a personal hearing, attach TC140 to the application. Form TC200 must be attached by an applicant other than the owner of record to establish standing as a person aggrieved. For more information, see Form TC600 How to Appeal A Tentative Assessment and Form TC600A Supplemental Instructions. NOTE: The Tax Commission has adopted a rule imposing a \$175 fee on applications for correction where the assessed value on the Notice of Property Value for 2012/13 is \$2 million or more. If multiple condominium units file on a single application, the fee will apply if the aggregate assessed value is \$2 million or more. No fee is due if the applicant or representative waives review of the application before it is scheduled for review. If any fee is unpaid, review of your application may be denied and any offer of correction revoked. The fee will be included on the Real Property Tax bill. DO NOT PAY THE FEE WITH THIS APPLICATION.

1. PROPERTY IDENTIFICATION - A separa	ite application is i	required for each prop	erty.	5
BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	IDENTIFICATION NO.	BILLING NO.	ASSESSMENT YEAR	YF 20
LOCATION			2012/13	YEAR 2012
2. APPLICANT - The applicant must be an	-		e assessment.	
An attorney or agent cann	not be the applica	nt.		
Name of applicant				ВО
				BOROUGH
♦ Is the applicant an owner/title holder of the entire tax			ify the applicant's	- Let
relation to the property, and attach documentation of si	tanding specified in 10	200 Paπ 2.		┨╴╴
3. REPRESENTATION PHONE NO.	FAX NO)		1
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NAME OF PERSON OR FIRM TO BE CONTACTED			GROUP #, IF ANY	BILLING NO
MAILING ADDRESS		EMAIL ADDRESS		- I G
				N O
The person listed is: ☐ The applicant ☐ An attor	ney ☐ Other represe	entative Employee of o	wner corporation	'
4. PROPERTY TRANSACTIONS		Zinpioyoo or o	mor corporation	
4.1 NOI ENTI MANGACTIONS				GROUP
◆ Was any part of the property rented in 2011?	If yes, attach Fo	orm TC201.		
♦ Have any new improvements been added since Janu	uary 5, 2010?	If yes, complete Part 8	, line e, below.	#
◆ Has the property or an interest in it been sold, purcha	ased or transferred sind	ce January 5, 2010?		
◆ Is the property or an interest in it under contract of sa	· · · · · · · · · · · · · · · · · · ·			
If applicant or a related person operates the property for				. ⊣
If new improvements have been added, describe them i	in Part 7 if not previous	ly reported. If there has bee	n a sale or contract of	TC105
sale to a non-related party, attach Form TC230. If there	has been a sale or tra	insfer to a related party, desc	cribe it here.	05
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•				70
				REC
				C
5. ATTACHMENTS - List schedules and do	ocuments attache	d. Number the pages.		
				
				
	<u>_</u>			
Last page number Reminder: TC140 is require	ed as an attachment or	at your hearing.		(
☐ Refer to the attachments to application for BBL:				
6. HEARING REQUEST - Indicate preferen	ce. Check only or	ne.		
☐ Review on papers submitted without a personal hear				
		fore entire Tax Commission	DATE RECEIVED)

7. DESCRIPTION OF IM	IPROVEMENTS NOT PREV	IOUSLY REPORTED TO	THE FINANCE D	EPARTMENT			
YEAR BUILT OR INSTALLED		DESCRIPTON		RIGINAL COST			
8. CLAIM OF UNEQUAL	OR EXCESSIVE ASSESSI	MENT					
Applicant objects to the assessment on the grounds that it is (a) unequal or (b) excessive because the assessment exceeds the full value of the property							
or statutory limits on increases, as							
a. Tentative actual assess	ment	\$					
b. Applicant's estimate of	market value	\$					
Downstad assessment	line h 450/	•					
	c. Requested assessment = line b x 45% assessment ratio		\$				
d. Market value of land as	if unimproved (optional)	\$					
e. Market value added by	new improvements during the two year	rs ending January 5 \$					
The applicant reserves the right to allege an assessment ratio lower than 45% and seek a lower assessment in a proceeding for judicial review of the assessment the applicant may commence. Do not use this form to claim unlawful assessment, misclassification, or error in determining the amount of an exemption; use Form TC106 with TC200. Set forth information here in support of your market value estimate, attach statement of facts and other documents, or submit at the hearing.							
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9. OATH		BOROUGH	IDENTIFICATION NO.	BILLING NO.			
This application must be signed by an individual having personal knowledge of the facts who is the applicant or a fiduciary or an agent or an officer of a corporation or a general partner of a partnership or a member or manager of a limited liability company, which legal entity is the applicant or is a general partner or member or manager of the applicant. If an agent signs, attach a notarized power of attorney signed by the applicant and Form TC244, Agent's Statement of Authority and Knowledge. If a fiduciary, see Form TC600 for instructions on documentation of authority.							
Print name of person signing		If signing as an officer, general pa	irtner or member or man	lager specify name			
of entity and person's title.				3			
Name of entity		Title					
Name of entity Title Title Singer or entity is: ☐ The applicant. ☐ General partner of partnership applicant. ☐ Member or manager of limited liability company applicant.							
☐ An attorney, employee, property manager or other agent. A notarized power of attorney and Form TC244 must be attached.							
I certify that all statements made on this application, including the attached sheet(s) totaling pages, are true and correct to the best of my knowledge and belief, and I understand that such statements are subject to verification. I also understand that the making of any willful false statement of material fact in this application including the attached sheet(s) will subject me to the provisions of the penal law relevant to the making and filing of false instruments.							
Signed:Date:							
The signer must appear and ackn	owledge the signature before a notary.	Date:					
	and the second second and the second						
Sworn to before me:							
County	State	Date	-				
Signature of person administering	oath		NOTAR	Y STAMP			

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