



COMMERCIAL APPEAL FORM - APARTMENTS

PICKENS COUNTY ASSESSOR'S OFFICE

*****Faxed Copies and E-mailed Forms Are Not Accepted*****
Pickens County is an equal opportunity provider and employer.

Mail or return form to:

*Pickens County Assessor
 222 McDaniel Ave., B8
 Pickens, SC 29671
 Phone: 864-898-5877*

Tax Year	Appeal Filed by Owner	Appeal Filed by Agent	Agent must complete and timely file Agent Authorization Form

Owner Name(s)

Daytime Phone Number (8:00 am to 5:00 pm)	E-mail Address

Account Number starts with the letter "R" or "M" followed by seven numbers.

Account Number	Physical Address	Protested Value	Your Market Value Est.

Note: *Additional Account Numbers require a new appeal form to be completed and timely filed with the Assessor.

No. Bedrooms	No. Beds	No. Bathrooms	Heating / Cooling System	Finished Basement SF	Unfinished Basement SF

****Filing an appeal does not extend the time to pay taxes. The amount due must be timely paid to avoid penalties and interest.****

The appeal must contain a statement of facts and documents supporting the taxpayer's position, reasons for the appeal and opinion of market value. (Please attach all supporting documents.)

***Please complete the Income and Expense Statement that is included with this appeal form.**

Certification and Signature (Please make a copy of this document for your records.)

I certify under penalty of perjury under the laws of the State of S.C. that all information, including any accompanying statements, documents, and income and expense information is true and correct to the best of my knowledge and belief. I understand that filing an appeal does not extend the time to pay taxes and that the taxes must be paid to avoid penalties and interest. I understand that the effective date of the assessor's value is 12/31/2013 unless an Assessable Transfer of Interest (ATI) has occurred.

Signature:

Date Signed:

Signed by: (Please check one): Owner Agent

Print Name:

Pickens County Assessor

222 McDaniel Ave., B8 | Pickens, S.C. 29671

Telephone: (864) 898-5877



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APARTMENTS

Income and Expense Statement

Owner Name(s)

Account Number

Apartment Type (Please Select)	No. Units- No. Beds	Potential-Gross Monthly Rent	Potential-Gross Annual Rent	Included in Rent
				Water
				Sewer
				Electricity
				Trash
				Cable/Sat./Internet
				Other(Describe:)

INCOME

1.) Potential Gross Rent (as if 100% occupied)		1
2.) Less Vacancy and Collection Loss		2
3.) Miscellaneous Income		3
4.) EFFECTIVE GROSS INCOME		4

EXPENSES

5.) Management Fees		5
6.) Payroll		6
7.) Administrative (Advertising, Legal, Accounting etc.)		7
8.) Utilities		8
9.) Repairs		9
10.) Grounds Maintenance (Trash, Landscape, Parking Lot etc.)		10
11.) Janitorial and Building Maintenance		11
12.) Reserves for Replacements		12
13.) Insurance Premiums		13
14.) Other Expenses (please explain)		14
15.) Real Estate Taxes		15
16.) Tangible Personal Property Taxes		16
17.) Other Taxes		17
18.) Total Expenses		18
19.) NET OPERATING INCOME		19
20.) Capital Expenditures (please explain)		20

Submitted by (please print)

Telephone #

Email address

Date