## **COMMERCIAL APPEAL FORM - APARTMENTS**

<u>Website:</u> pickensassessor.org / <u>Email:</u> assessorhelpdesk@co.pickens.sc.us <u>Phone:</u> (864) 898 - 5872 / <u>Address:</u> 222 McDaniel Ave., B8 Pickens, SC 29671

PICKENS COUNTY SOUTH CAROLINA \*\* EST. 1885 \*\*

Tax Year	Appeal Filed by Owner		Appeal Filed by Agent	Agents ca	an not file an appeal without	ot file an appeal without proper documentation		
Owner Name	(s)							
Daytime Pho	ne Number	(8:00 am to		E-mail Address				
Account Nun	nber starts v	with the letter "I	R" or "M" followed by seven	numbers.				
Account N	umber	Pl	nysical Address		Protested Value	Your Market Value Est.		
Note	: *Additior	nal Account Nur	nbers require a new appeal	form to be	completed and timely file	d with the Assessor.		
No. Bedrooms	No. Beds	s No. Bathroo	oms Heating / Cooling	System	Finished Basement SF	Unfinished Basement SF		
**Filing an a	ppeal does	not extend the t	ime to pay taxes. The amou	int due mu	st be timely paid to avoid <b>p</b>	enalties 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 Signat	ture			(Please make a copy of this d	ocument 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 12/31/2018 unless an Assessable Transfer of Interest (ATI) has occurred. I understand that an agent can not assume the fiduciary and other legal responsibilities including, the filing of an appeal, without proper documentation signed by the account owner.								
Signature:		igned by: (Please check o	one): Owner Agent		Date Signed:			
Print Name	e:							

## **Pickens County Assessor**

222 McDaniel Ave., B8 | Pickens, S.C. 29671 Telephone: (864) 898-5872



Email: assessorhelpdesk@co.pickens.sc.us

Website: pickensassessor.org

## APARTMENTS Income and Expense Statement

## Owner Name(s)

Account Number

INCOME

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

Apartment Type	No. Units- No. Beds	Potential-Gross Monthly Rent	Potential-Gross Annual Rent	Included in Rent
				Water
				Sewer
				Electricity
				Trash
				Cable/Sat./Internet
				Other(Describe:)
				1

1.) Potential Gross Rent (as if 100% occupi	ed)		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, Acc	7					
8.) Utilities	8					
9.) Repairs	9					
10.) Grounds Maintenance (Trash, Landsca	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						
20.) Capital Expenditures (please explain)						
20.) Capital Expenditures (please explain)						
Submitted by (please print)	Telephone #	Email address	Date			