

## **COMMERCIAL APPEAL FORM - RETAIL PROPERTY**

## 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 F	iled by Owner	Appeal Filed by Agent	Agent n	must complete and timely file Agent Authorization Form						
Owner Name	(s)										
Owner realite(s)											
n a ni	37 I	(0.00	<b>-</b> 00		P 0.11						
Daytime Pho	ne Numbei	r (8:00 am to	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							
Note: *Additional Account Numbers require a new appeal form to be completed and timely filed with the Assessor.											
Heating / Co	oling Syste	m			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 Signa	ture			(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: Signed by: (Please check one): Owner Agent					Date Signed:						
Print Name	e:										

Date

## **Pickens County Assessor**

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

Telephone: (864) 898-5877



Income and Expense Statement

Owner Name(s)

Submitted by (please print)

Account Number						
Property Type	(Please select)	Tenant Name & Physical Address	Monthly Rent	Annual Rent	Total Sq. Ft.	Rent P/SF
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ANNUAL INC	COME		ı	1	1	'
1.) Potential Gross Ren		1				
2.) Less Vacancy and 0	2					
3.) Miscellaneous Inco	3					
4.) EFFECTIVE GRO	4					
	SS ITCOME					
EXPENSES						
5.) Management Fees						5
6.) Payroll		6				
7.) Administrative (Ad	vertising, Legal, Acco	ounting etc.)				7
8.) Utilities						8
9.) Repairs	/T 1 I 1	<b>P.</b> 11. T. 4. A. A.				9
10.) Grounds Maintena	=	e, Parking Lot etc.)				10
11.) Janitorial and Buil 12.) Reserves for Repla	=					11
13.) Insurance Premiur		13				
14.) Other Expenses (p						14
15.) Real Estate Taxes	=					15
16.) Tangible Personal		16				
17.) Other Taxes						17
18.) Total Expenses						18
19.) <b>NET OPERATIN</b>	NG INCOME					19
19.91.21	10 11 10 01112					
20.) Capital Expenditu	res (please explain)					20
/ 1 · F · 0/210	u - r - 9					

Email

Telephone #