



**JOINT REPORT BY TAXPAYER / ASSESSOR
TO THE COUNTY BOARD OF APPEALS OF
A PRELIMINARY INFORMAL MEETING**

State Form 53626 (R3 / 1-23)

Prescribed by the Department of Local Government Finance

FORM 134

FOR OFFICE USE ONLY	
Date Received by PTABOA (month, day, year)	
Date Received by Auditor (month, day, year)	

INSTRUCTIONS:

1. This form must be completed and signed by both the taxpayer and the assessing official upon the completion of the required preliminary informal meeting outlined in IC 6-1.1-15-1.2.
2. The PTABOA maintains the original report with copies provided to the county auditor, assessor, and taxpayer.

TYPE OF ISSUE UNDER APPEAL	
Assessment of (check if applicable):	Issue Concerning (check issue(s)):
<input type="checkbox"/> Real Property	<input type="checkbox"/> Deduction <input type="checkbox"/> Credit <input type="checkbox"/> Exemption <input type="checkbox"/> Abatement <input type="checkbox"/> Tax Cap
<input type="checkbox"/> Personal Property	<input type="checkbox"/> Other: _____
	Petition Number (assigned by local officials) _____

SECTION 1 PROPERTY AND PETITIONER INFORMATION			
Assessment Date: January 1, _____, payable in _____	Parcel Number	County	Township
Name of Property Owner	Telephone Number ()	Email Address	
Mailing Address of Property Owner (number and street, city, state, and ZIP code)			
Address of Property Under Appeal, if Different (number and street, city, state, and ZIP code)			
Name of Authorized Representative (if different from taxpayer)	Telephone Number ()	Email Address	
Mailing Address of Authorized Representative (number and street, city, state, and ZIP code)	DLGF Taxing District Number		

SECTION 2 RESULTS OF PRELIMINARY INFORMAL MEETING			
Assessment Date: January 1, _____, payable in _____	LAND	IMPROVEMENTS	PERSONAL PROPERTY / DEDUCTIONS
Current Assessment / Deduction of Record:			
Taxpayer Believes Assessment / Deduction Should Be:			
Assessor Believes Assessment / Deduction Should Be:			
After the Preliminary Informal Meeting, do the taxpayer and the assessor agree on the resolution of all issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, explain the issues and changes made:			
If both parties do not agree on all the issues, is there a partial agreement on some of the issues? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list the areas agreed upon:			
If yes, list the areas <u>not</u> agreed upon:			

If both parties disagree on all of the issues, the taxpayer and the assessor should list the issues in their comments section.

TAXPAYER COMMENTS

Explain Reasons for Disagreement or Changes Made:

I am aware of my right to a review of these issues by the PTABOA and my right to appeal to the Indiana Board of Tax Review and then to the Indiana Tax Court. The appeals process is outlined in IC 6-1.1-15.

Signature of Taxpayer

Date (*month, day, year*)

ASSESSOR COMMENTS

Explain Reasons for Disagreement or Changes Made:

I affirm that the foregoing report represents the results of the informal meeting, including a meeting not held or otherwise unsuccessful, to be given to the PTABOA pursuant to IC 6-1.1-15-1.2(b).

Signature of Assessor

Date (*month, day, year*)