

RECEIVED

CONTROL # JAN 16 2018

APPEAL CASE # 18-0049

Washoe County Board of Equalization  
WASHOE COUNTY ASSESSOR

APN 140-213-20  
NBC EDCQ  
APPR DRS

PETITION FOR REVIEW OF TAXABLE VALUATION

Submit this Petition Form no later than 5 p.m. of the date due. Most types of appeals must be filed no later than January 15th. I valuation of property escaping taxation, or a determination that agricultural property has been converted to a higher use, a differer

Please Print or Type:

Part A. PROPERTY OWNER/ PETITIONER INFORMATION (Agent's Information to be completed in Part H)

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: RC Willey Home Furnishings  
NAME OF PETITIONER (IF DIFFERENT THAN PROPERTY OWNER LISTED IN PART A): TITLE  
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX): 2301 S. 300 W. EMAIL ADDRESS:  
CITY: South Salt Lake STATE: UT ZIP CODE: 84115 DAYTIME PHONE: ALTERNATE PHONE: FAX NUMBER:

Part B. PROPERTY OWNER ENTITY DESCRIPTION

Check organization type which best describes the Property Owner if an entity and not a natural person. Natural persons may skip Part B.

- Sole Proprietorship  Trust  Corporation
- Limited Liability Company (LLC)  General or Limited Partnership  Government or Governmental Agency
- Other, please describe:

The organization described above was formed under the laws of the State of \_\_\_\_\_  
The organization described above is a non-profit organization.  Yes  No

Part C. RELATIONSHIP OF PETITIONER TO PROPERTY OWNER IN PART A

Check box which best describes the relationship of Petitioner to Property Owner:  Additional Information may be necessary.

- Self  Trustee of Trust  Employee of Property Owner
- Co-owner, partner, managing member  Officer of Company
- Employee or Officer of Management Company
- Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property
- Other, please describe:

Part D. PROPERTY IDENTIFICATION INFORMATION

1. Enter Physical Address of Property:

ADDRESS STREET/ROAD CITY (IF APPLICABLE) COUNTY  
Purchase Price: Purchase date:

2. Enter Applicable Assessor Parcel Number (APN) or Personal Property Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN) ACCOUNT NUMBER  
140-213-20

3. Does this appeal involve multiple parcels? Yes  No  List multiple parcels on a separate, letter-sized sheet.

If yes, enter number of parcels: Multiple parcel list is attached.

4. Check Property Use Type:

Vacant Land  Mobile Home (Not on foundation)  Mining Property  
 Residential Property  Commercial Property  Industrial Property  
 Multi-Family Residential Property  Agricultural Property  Personal Property  
 Possessory Interest in Real or Personal property

5. Check Year and Roll Type of Assessment being appealed:

2018-2019 Secured Roll  2017-2018 Unsecured Roll  2017-2018 Supplemental Roll

Part E. VALUE OF PROPERTY

Property Owner: What is the value you seek? Write N/A on each line for values which are not being appealed. See NRS 361.025 for the definition of Full Cash Value.

Property Type	Assessor's Taxable Value	Owner's Opinion of Value
Land	4,255,640	3,000,000
Buildings	10,513,911	7,000,000
Personal Property		
Possessory Interest in real property		
Exempt Value		
Total	14,769,551	10,000,000

**Part F. TYPE OF APPEAL**

Check box which best describes the authority of the County Board to take jurisdiction to hear the appeal.

- NRS 361.357: The full cash value of my property is less than the computed taxable value of the property.
- NRS 361.356: My property is assessed at a higher value than another property that has an identical use and a comparable location to my property.
- NRS 361.355: My property is overvalued because other property within the county is undervalued or not assessed, and I have attached the proof showing the owner, location, description and the taxable value of the undervalued property.
- NRS 361.155: I request a review of the Assessor's decision to deny my claim for exemption from property taxes.
- NRS 361A.280: The Assessor has determined my agricultural property has been converted to a higher use and deferred taxes are now due.
- NRS 361.769: My property has been assessed as property escaping taxation for this year and/or prior years.

**Part G. WRITE A STATEMENT DESCRIBING THE FACTS AND/OR REASONS FOR YOUR APPEAL, REQUEST FOR REVIEW, OR COMPLAINT. (ATTACH A SEPARATE PAGE IF MORE ROOM IS NEEDED).**

**VERIFICATION**

I verify ( or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and that I am either (1) the person who owns or controls taxable property, or possesses in its entirety taxable property, or the lessee or user of a leasehold interest, possessory interest, beneficial interest or beneficial use, pursuant to NRS 361.334; or (2) I am a person employed by the Property Owner or an affiliate of the Property Owner and I am acting within the scope of my employment. If Part H below is completed, I further certify I have authorized each agent named therein to represent the Property Owner as stated and I have the authority to appoint each agent named in Part H

\_\_\_\_\_  
Petitioner Signature Title

\_\_\_\_\_  
Print Name of Signatory Date

**Part H. AUTHORIZATION OF AGENT** Complete this section only if an agent, including an attorney, has been appointed to represent the Property Owner/Petitioner in proceedings before the County Board.

I hereby authorize the agent whose name and contact information appears below to file a petition to the County Board of Equalization and to contest the value and/or exemption established for the properties named in Part D(2) of this Petition. I further authorize the agent listed below to receive all notices and decision letters related thereto; and represent the Petitioner in all related hearings and matters including stipulations and withdrawals before the County Board of Equalization. This authorization is limited to the appeal of property valuation for the tax roll and fiscal year named in Part D(5) of this Petition.

List additional authorized agents on a separate sheet as needed, including printed name, contact information, signature, title and date.

**Authorized Agent Contact Information:**

NAME OF AUTHORIZED AGENT: Logan Smith, Christopher Glidewell, Wayne Tannenbaum		TITLE: Agent			
AUTHORIZED AGENT COMPANY, IF APPLICABLE: Pivotal Tax Solutions		EMAIL ADDRESS: appeals@pivotaltax.com			
MAILING ADDRESS OF AUTHORIZED AGENT (STREET ADDRESS OR P.O. BOX) 202 N. Lindsay Rd., Ste. 201					
CITY Mesa,	STATE AZ	ZIP CODE 85213	DAYTIME PHONE 480-634-6169	ALTERNATE PHONE 480-248-8026	FAX NUMBER 480-615-0318

Authorized Agent must check each applicable statement and sign below.

- I hereby accept appointment as the authorized agent of the Property Owner in proceedings before the County Board.
- I verify (or declare) under penalty of perjury under the laws of the State of Nevada that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief; and I am the authorized agent with authority to petition the State Board subject to the requirements of NRS 361.362 and the limitations contained in the Agent Authorization Form to be separately submitted.

\_\_\_\_\_  
Authorized Agent Signature Title  
Logan Smith Tax Consultant

\_\_\_\_\_  
Print Name of Signatory Date  
1/16/18

I hereby withdraw my appeal to the County Board of Equalization.

\_\_\_\_\_  
Signature of Owner or Authorized Agent/Attorney Date

Washoe **County Board of Equalization**

**Agent Authorization Form**

If you have questions about this form or the appeal process, please call: 702-455-3891.

*Please Print or Type:*

**Part A. PROPERTY OWNER AND CONTACT INFORMATION OF PERSON GRANTING AUTHORITY TO AGENT**

NAME OF PROPERTY OWNER AS IT APPEARS ON THE TAX ROLL: RC Willey Home Furnishings					
NAME OF PERSON GRANTING AUTHORITY TO AGENT (IF DIFFERENT THAN PROPERTY OWNER): Curtis Child				TITLE CFO	
MAILING ADDRESS OF PETITIONER (STREET ADDRESS OR P.O. BOX) PO Box 65320				EMAIL ADDRESS:	
CITY Salt Lake	STATE UT	ZIP CODE 84185	DAYTIME PHONE	ALTERNATE PHONE	FAX NUMBER

**Part B. PROPERTY OWNER INFORMATION**

Check organization type which best describes the Property Owner If not a natural person:  Natural persons may skip Part B.

- Sole Proprietorship       Trust       Corporation  
 Limited Liability Company (LLC)    General or Limited Partnership    Government or Governmental Agency  
 Other, please describe: \_\_\_\_\_

The organization described above was formed under the laws of the State of \_\_\_\_\_.

The organization described above is a non-profit organization.    Yes       No

**Part C. RELATIONSHIP OF PERSON GRANTING AUTHORITY TO AGENT TO PROPERTY OWNER**

Check box which best describes the relationship of Petitioner to Property Owner:  Additional information may be necessary. Please see instructions.

- Self       Trustee of Trust       Employee of Property Owner  
 Co-owner, partner, managing member       Officer of Company  
 Employee or Officer of Management Company  
 Employee, Officer, or Owner of Lessee of leasehold, possessory interest, or beneficial interest in real property  
 Other, please describe: \_\_\_\_\_

**Part D. PROPERTY SUBJECT TO THIS AGENT AUTHORIZATION:**

Enter APN or Account Number from assessment notice or tax bill:

ASSESSOR'S PARCEL NUMBER (APN) 140-213-20	ACCOUNT NUMBER
--	----------------

Multiple parcel list attached. (Use letter-size paper)

**Part E. YEAR AND ROLL TYPE OF ASSESSMENT BEING APPEALED:**

<input checked="" type="checkbox"/> 2018-2019 Secured Roll	<input type="checkbox"/> 2017-2018 Unsecured Roll	<input type="checkbox"/> 2017-2018 Supplemental Roll
Other years being appealed:		
Be prepared to cite the legal authority, if any, that permits the County Board to consider appeals of taxable value from prior years.		

