



**Cabarrus County Tax Administration**  
M. David Thrift, Tax Administrator

Date: \_\_\_\_\_

**Business Personal Property Appeal Form**

**Required Information:** Bill #: \_\_\_\_\_

Property being appealed: \_\_\_\_\_

Reason(s) for Appeal:

| <u>Value (Per NCGS 105-317.1(c))</u>   | <u>Taxability</u>   |
|--|---|
| <input type="checkbox"/> <b>Life Schedule Incorrect</b><br><br><i>Requirements:</i> Depreciation Schedules<br><br><input type="checkbox"/> <b>Economic Obsolescence</b><br><br><i>Requirements:</i> Please attach documentation indicating why economic obsolescence should be a considered. Additional documentation may be requested.<br><br><input type="checkbox"/> <b>Clerical Error (County)</b><br><br><input type="checkbox"/> <b>Penalty Abatement Request (Per NCGS105-312(k))</b><br>Reason for Request _____<br>_____<br>_____ | <input type="checkbox"/> <b>Situs</b> ( <i>As of January 1.</i> )<br><br><i>Requirements:</i> Proof such as a power bill or utility bill in the name of the registered owner during the time frame of January 1 <sup>st</sup> ..<br><br><input type="checkbox"/> <b>Taxed in another county:</b><br><br><i>Requirements:</i> Copy of property tax bill from other taxing jurisdiction.<br><br><input type="checkbox"/> <b>Property sold or transferred out of county</b> ( <i>prior to January 1</i> )<br><br><i>Requirements:</i> Depreciation Schedules |
|  |   |

You must provide supporting documentation of this appeal within 15 days. Information to support your appeal is essential in this process.

Upon completion of the appeal form, I certify that the information contained on this form is complete and accurate in its entirety.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_