

APPLICATION FOR ABATEMENT AND / OR REFUND OF PROPERTY TAXES

Tax Year Payable 2020

To the Board of County Commissioners for Hand County, South Dakota

Name: _____
Mailing Address: _____ PO Box: _____
City: _____, State: _____ Zip Code: _____

Legal Description of Property: _____
Tax Bill or Record Number: _____ (Found on Tax Bill)

Application for an abatement / refund of taxes is being presented due to the following reason (check applicable provision)

- An error has been made in any identifying entry or description of the real property, in entering the valuation of the real property or in the extension of the tax, to the injury of the complainant;
- Improvements on any real property were considered or included in the valuation of the real property, which did not exist on the real property at the time fixed by law for making the assessment;
- The property is exempt from the tax;
- The complainant had no taxable interest in the property assessed against the complainant at the time fixed by law for making the assessments;
- The same property has been assessed against the complainant more than once in the same year, and the complainant produces satisfactory evidence that the tax for the year has been paid.
- A loss occurred because of flood, fire, storm, or other unavoidable casualty; Date of Loss _____.
- Applicant, having otherwise qualified for the Assessment Freeze for the Elderly and Disabled, but missed the deadline as prescribed in § 10-6a-4
- Applicant, having otherwise qualified for classification of owner-occupied single-family dwelling, but missed the deadline as prescribed by law due to temporary duty assignment for the military.
- Other / Comments

(No tax may be abated on any real property which has been sold for taxes, while a tax certificate is outstanding. Any abatement on property within corporate limits of a municipality must be first approved by the governing of the municipality)

I hereby apply for an abatement / refund of property taxes for the above reasons.

Subscribed and sworn to, before me this _____ day of _____, 2020.

Applicant Signature

Notary / Auditor or Deputy Auditor

DATE RECEIVED in the Hand County Auditor's Office _____ day of _____, 2020 by _____

Total Valuation: \$ _____
Amount Abated: \$ _____
Date Approved: _____

Total Taxes on Property: \$ _____
Amount Refunded: \$ _____
Check Number: _____

(See Reverse)

Year: _____ valuation payable in _____

Year: _____ valuation payable in _____

Description:

Description:

100% Abated Value: \$ _____
Factored Abated Value: \$ _____
Total Tax (Original Figure): \$ _____
Total Tax Abated: \$ _____
School G.F. Tax Abated: \$ _____
School Sp. Ed. Tax Abated: \$ _____
Tax Inc. Financial Abated: \$ _____

100% Abated Value: \$ _____
Factored Abated Value: \$ _____
Total Tax (Original Figure): \$ _____
Total Tax Abated: \$ _____
School G.F. Tax Abated: \$ _____
School Sp. Ed. Tax Abated: \$ _____
Tax Inc. Financial Abated: \$ _____

Year: _____ valuation payable in _____

Year: _____ valuation payable in _____

Description:

Description:

100% Abated Value: \$ _____
Factored Abated Value: \$ _____
Total Tax (Original Figure): \$ _____
Total Tax Abated: \$ _____
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School Sp. Ed. Tax Abated: \$ _____
Tax Inc. Financial Abated: \$ _____

100% Abated Value: \$ _____
Factored Abated Value: \$ _____
Total Tax (Original Figure): \$ _____
Total Tax Abated: \$ _____
School G.F. Tax Abated: \$ _____
School Sp. Ed. Tax Abated: \$ _____
Tax Inc. Financial Abated: \$ _____

Having reviewed and examined an application for Abatement or Refund of Taxes in the amount of \$ _____ is hereby approved or disapproved on this _____ day of _____, 2020

Hand County Commission Chairman

Attest: Auditor or Deputy Auditor

SEAL

Filed: