



**FORM OF OBJECTION
TO PERSONAL PROPERTY FILING PENALTY**

BOA# _____ - _____ -PNP- _____
(For Dept. Use Only)

ALL INFORMATION REQUESTED ON THIS FORM MUST BE PROVIDED. FAILURE TO DO SO WILL RESULT IN THE STATE BOARD OF ASSESSORS (BOA) DENYING JURISDICTION ON THE APPEAL.

Filing Requirements – Sec. 70.995 (8)(c) Wis. Stats., requires a state prescribed objection form be filed with the BOA including a **\$45 FILING FEE** payable to the Wisconsin Department of Revenue. An objection is not considered filed until the fee is paid. The fee is waived if a prior year appeal on the same property is pending (sec. 70.995 (8)(c) and (d), Wis. Stats.). A separate objection form and fee is required for each personal property account being appealed. Sec. 70.995 (8)(c)1, Wis. Stats., requires the appellant to provide the reason for the objection and the basis for the opinion. This information must be provided in Section 2 of this form. Submit the original plus one copy of the objection form, correspondence, and all supporting data. If this information is not included your objection will be denied.

M-Form – Sec. 70.995(12)(a), Wis. Stats., requires the annual filing of the M-P Form, Wisconsin Manufacturing Personal Property Return. The BOA will deny jurisdiction on the objection if the completed form has not been filed.

Agent Authorization - If an agent is working on behalf of the property owner, written authorization from the property owner must accompany the objection form.

Due Date – The objection form and fee must be filed with the BOA within 60 days of the issuance date on the notice of personal property assessment. A postmark or delivery service ship date within 60 days of the issuance date serves as evidence of timely filing.

Where To File – Send the objection form, \$45 FILING FEE and supporting data to:

Street Address: Wisconsin Department of Revenue
State Board of Assessors
Mail Drop 6-97
2135 Rimrock Road
Madison WI 53713

Mailing Address: Wisconsin Department of Revenue
State Board of Assessors
Mail Drop 6-97
PO Box 8971
Madison WI 53708-8971

Telephone: 608-266-1147

SECTION 1: PROPERTY OWNER AND PROPERTY INFORMATION (ALL MUST BE COMPLETED)	
Name of Property Owner on Penalty Notice:	IT IS REQUESTED THAT THIS OBJECTION BE REVIEWED
Mailing Address:	Signature of Owner/Authorized Agent (*): _____ Date: _____ * If agent, attach written authorization to this form.
City, State & Zip Code:	Print Name and Title: _____
Street Address of Property:	Mailing Address: _____
Taxation District (Municipality):	City, State & Zip Code: _____
County:	Telephone Number: _____ Fax Number: _____
SECTION 2: PERSONAL PROPERTY FILING PENALTY INFORMATION (ALL MUST BE COMPLETED)	
State Identification Number: ____ - ____ - ____ - P _____ <small>* AA * CO Taxation District DOR Account Number * "County of" on assessment notice is "AA" and "CO" (e.g. 76-13)</small>	Penalty Amount: \$ _____ Date of Issuance of Penalty Notice: _____
Date M-R Form was Filed: _____	
Reason(s) for Objecting to Penalty: <i>(Attach additional sheet if needed.)</i>	