

**Form
PA-138**

Appeal Withdrawal

Wisconsin
Department of Revenue

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

Section 1: Who is filing this objection? (check one)

Property owner/agent * Municipality/agent * ***If agent, submit current [Agent Authorization Form \(PA-105\)](#) with this form**

Section 2: Property Owner and Property Information

Appeal no.		Assessment year	State ID no. (on notice)			
			Local parcel/account no.			
		<input type="checkbox"/> From the drop down menu, select "P" for personal property or "R" for real estate				
Company or property owner name			Taxation district (Check one) <input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		County	
Mailing address			Street address of property			
City	State	Zip	City	State	Zip	

Section 3: Contact Information

Name / title (owner, agent, officer)			Company name			
Mailing address			Phone () -		Fax () -	
City	State	Zip	Email			

Section 4: Objection Type

Check the box for the type of objection/appeal you are withdrawing.				For Department Use Only	
Real Estate				BOA# _____	
<input type="checkbox"/> Real estate assessment		Total	Assessed Value	\$ _____	
<input type="checkbox"/> Real estate filing penalty					
Personal Property					
<input type="checkbox"/> Personal property assessment		Total	Assessed Value	\$ _____	
<input type="checkbox"/> Personal property filing penalty					
Classification					
<input type="checkbox"/> Manufacturing classification					

I the undersigned:

- Certify that I filed the objection identified in Sections 2 and 4 requesting the assessment, filing penalty or classification be reviewed under state law (sec. 70.995(8)(c), Wis. Stats.), and do hereby withdraw my appeal and certify that the assessed valuation, filing penalty or classification as determined by the Wisconsin Department of Revenue be sustained. I understand that the filing fee is non-refundable.
- Declare under penalties of law that I have personally examined this form to the best of my knowledge and belief it is true, correct and complete

Owner / Authorized Agent Sign Here	Name (please print)				
	Signature				
	Company or title				Date