

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REAL PROPERTY TAX APPEALS COMMISSION**

15 10:27AM EDT  
DISTRICT OF COLUMBIA REAL PROPERTY  
TAX APPEALS COMMISSION (DC RPTAC)



Transaction ID: 57735760

Real Property Assessment Appeal Form – Tax Year 2016

YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1<sup>ST</sup> LEVEL APPEAL DECISION

\*Owner's Name: 418-26 C STREET LLC \*Square: \_\_\_\_\_ \*Suffix: \_\_\_\_\_ \*Lot: \_\_\_\_\_  
Square 0813 Lot 0813

\*Property Address: 418 C St, NE \*Tax Class 002 \*Neighborhood Code 039  
Will you be appealing any other properties?  Yes  No, If Yes, please complete an appeal application for each.

\*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

\* Required information

**Assessed Value of Tax Years**

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$267,540</u>	\$ <u>\$267,540</u>	\$ <u>\$267,540</u>
Building \$ <u>\$603,650</u>	\$ <u>\$603,650</u>	\$ <u>\$603,650</u>
Total \$ <u>\$871,190</u>	\$ <u>\$871,190</u>	\$ <u>\$871,190</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> <b>Equalization</b>	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> <b>Classification</b>	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> <b>Property Damage or Condition</b>	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> <b>Disputed Property Record</b>	Explain: _____

**Property Value Information**

If your property has been privately appraised within the past 12 months prior to January 1<sup>st</sup> please attach a copy with the appeal.  
Purchase price of the property \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Your estimate of value \$ \$503,896

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

Please select your preferred hearing method:  Non-Appearance  Telephone  In-Person  
(Contact Phone Number)

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

**Return 1 original and 4 copies of form to:**  
Real Property Tax Appeals Commission  
441 4<sup>th</sup> Street, NW  
Suite 360 North  
Washington, D.C. 20001  
(202) 727-6860

Owner/Agent\* Print Name: Keith McIntosh  
Signature: \_\_\_\_\_  
Date (mm/dd/yyyy): 08/13/2015  
Mailing Address: 1230 31st St, NW 2nd Floor  
City: Washington State: DC Zip: 20007  
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

\*If not the owner, a notarized RPTAC Letter of Agent Authorization must be attached. OTR's Letter of Agent Authorization will not be accepted.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REAL PROPERTY TAX APPEALS COMMISSION**



**Real Property Assessment Appeal Form – Tax Year 2016**

**YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1<sup>ST</sup> LEVEL APPEAL DECISION**

\*Owner's Name: 418-26 C STREET LLC \*Square: Square 0813 Lot 0814 \*Suffix: \_\_\_\_\_ \*Lot: \_\_\_\_\_

\*Property Address: 420 C St, NE \*Tax Class 002 \*Neighborhood Code 039  
Will you be appealing any other properties?  Yes  No, If Yes, please complete an appeal application for each.

\*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

\* Required information

**Assessed Value of Tax Years**

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$259,250</u>	\$ <u>\$259,250</u>	\$ <u>\$259,250</u>
Building \$ <u>\$603,560</u>	\$ <u>\$603,560</u>	\$ <u>\$603,560</u>
Total \$ <u>\$862,900</u>	\$ <u>\$862,810</u>	\$ <u>\$862,810</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> <b>Equalization</b>	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> <b>Classification</b>	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> <b>Property Damage or Condition</b>	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> <b>Disputed Property Record</b>	Explain: _____

**Property Value Information**

If your property has been privately appraised within the past 12 months prior to January 1<sup>st</sup> please attach a copy with the appeal.  
Purchase price of the property \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Your estimate of value \$ \$499,049

Please state the justification for your appeal. (Attach additional or supporting documents.)

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**Please select your preferred hearing method:**  Non-Appearance  Telephone \_\_\_\_\_  In-Person  
(Contact Phone Number)

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

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Washington, D.C. 20001  
(202) 727-6860

Owner/Agent\* Print Name: Keith McIntosh  
Signature: \_\_\_\_\_  
Date (mm/dd/yyyy): 08/13/2015  
Mailing Address: 1230 31st St, NW 2nd Floor  
City: Washington State: DC Zip: 20007  
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
REAL PROPERTY TAX APPEALS COMMISSION**



**Real Property Assessment Appeal Form – Tax Year 2016**

**YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1<sup>ST</sup> LEVEL APPEAL DECISION**

\*Owner's Name: 418-26 C STREET LLC \*Square: Square 0813 Lot 0815 \*Suffix: \_\_\_\_\_ \*Lot: \_\_\_\_\_

\*Property Address: 422 C St, NE \*Tax Class 002 \*Neighborhood Code 039  
Will you be appealing any other properties?  Yes  No, If Yes, please complete an appeal application for each.

\*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

\* Required information

**Assessed Value of Tax Years**

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$327,460</u>	\$ <u>\$327,460</u>	\$ <u>\$327,460</u>
Building \$ <u>\$603,650</u>	\$ <u>\$603,650</u>	\$ <u>\$603,650</u>
Total \$ <u>\$931,110</u>	\$ <u>\$931,110</u>	\$ <u>\$931,110</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> <b>Equalization</b>	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> <b>Classification</b>	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> <b>Property Damage or Condition</b>	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> <b>Disputed Property Record</b>	Explain: _____

**Property Value Information**

If your property has been privately appraised within the past 12 months prior to January 1<sup>st</sup> please attach a copy with the appeal.  
Purchase price of the property \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Your estimate of value \$ \$538,553

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

**Please select your preferred hearing method:**  Non-Appearance  Telephone \_\_\_\_\_  In-Person  
(Contact Phone Number)

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

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(202) 727-6860

Owner/Agent\* Print Name: Keith McIntosh  
Signature: \_\_\_\_\_  
Date (mm/dd/yyyy): 08/13/2015  
Mailing Address: 1230 31st St, NW 2nd Floor  
City: Washington State: DC Zip: 20007  
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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**Real Property Assessment Appeal Form – Tax Year 2016**

**YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1<sup>ST</sup> LEVEL APPEAL DECISION**

\*Owner's Name: 418-26 C STREET LLC Square 0813 Lot 0816  
\*Square: \_\_\_\_\_ \*Suffix: \_\_\_\_\_ \*Lot: \_\_\_\_\_

\*Property Address: 424 C St, NE \*Tax Class 002 \*Neighborhood Code 039  
Will you be appealing any other properties?  Yes  No, If Yes, please complete an appeal application for each.

\*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

\* Required information

**Assessed Value of Tax Years**

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$325,340</u>	\$ <u>\$325,340</u>	\$ <u>\$325,340</u>
Building \$ <u>\$603,650</u>	\$ <u>\$603,650</u>	\$ <u>\$603,650</u>
Total \$ <u>\$928,990</u>	\$ <u>\$928,990</u>	\$ <u>\$928,990</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> <b>Equalization</b>	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> <b>Classification</b>	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> <b>Property Damage or Condition</b>	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> <b>Disputed Property Record</b>	Explain: _____

**Property Value Information**

If your property has been privately appraised within the past 12 months prior to January 1<sup>st</sup> please attach a copy with the appeal.  
Purchase price of the property \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Your estimate of value \$ \$537,327

Please state the justification for your appeal. (Attach additional or supporting documents.)

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**Please select your preferred hearing method:**  Non-Appearance  Telephone  In-Person  
(Contact Phone Number)

I certify under penalty of law that the information provided is true, correct and complete to the best of my knowledge and belief. Making a false statement as to material facts is punishable by criminal penalties D.C. Code Section 22-2514

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(202) 727-6860

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Signature: \_\_\_\_\_  
Date (mm/dd/yyyy): 08/13/2015  
Mailing Address: 1230 31st St, NW 2nd Floor  
City: Washington State: DC Zip: 20007  
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1<sup>ST</sup> LEVEL APPEAL DECISION

\*Owner's Name: 418-26 C STREET LLC \*Square: Square 0813 Lot 0817 \*Suffix: \_\_\_\_\_ \*Lot: \_\_\_\_\_

\*Property Address: 426 C St, NE \*Tax Class 002 \*Neighborhood Code 039  
Will you be appealing any other properties?  Yes  No, If Yes, please complete an appeal application for each.

\*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

\* Required information

**Assessed Value of Tax Years**

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$354,450</u>	\$ <u>\$354,450</u>	\$ <u>\$354,450</u>
Building \$ <u>\$603,650</u>	\$ <u>\$603,650</u>	\$ <u>\$603,650</u>
Total \$ <u>\$958,100</u>	\$ <u>\$958,100</u>	\$ <u>\$958,100</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> <b>Equalization</b>	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> <b>Classification</b>	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> <b>Property Damage or Condition</b>	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> <b>Disputed Property Record</b>	Explain: _____

**Property Value Information**

If your property has been privately appraised within the past 12 months prior to January 1<sup>st</sup> please attach a copy with the appeal.  
Purchase price of the property \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Your estimate of value \$ \$554,164

Please state the justification for your appeal. (Attach additional or supporting documents.)

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(Contact Phone Number)

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Owner/Agent\* Print Name: Keith McIntosh  
Signature: \_\_\_\_\_  
Date (mm/dd/yyyy): 08/13/2015  
Mailing Address: 1230 31st St, NW 2nd Floor  
City: Washington State: DC Zip: 20007  
Phone: 202-510-9732 Email: keith@mcintoshtaxllc.com

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**YOU MUST FILE YOUR APPEAL WITHIN 45 DAYS OF THE DATE OF YOUR NOTICE OF 1<sup>ST</sup> LEVEL APPEAL DECISION**

\*Owner's Name: 418-26 C STREET LLC Square 0813 Lot 0818  
\*Square: \_\_\_\_\_ \*Suffix: \_\_\_\_\_ \*Lot: \_\_\_\_\_

\*Property Address: C St, NE \*Tax Class 002 \*Neighborhood Code 039  
Will you be appealing any other properties?  Yes  No, If Yes, please complete an appeal application for each.

\*Contact Phone Numbers: 202-510-9732 E-mail: keith@mcintoshtaxllc.com

\* Required information

**Assessed Value of Tax Years**

Last Year 2015	Proposed TY 2016	First Level Assessment Appeal Decision
Land \$ <u>\$212,930</u>	\$ <u>\$212,930</u>	\$ <u>\$212,930</u>
Building \$ <u>\$346,870</u>	\$ <u>\$346,870</u>	\$ <u>\$346,870</u>
Total \$ <u>\$559,800</u>	\$ <u>\$559,800</u>	\$ <u>\$559,800</u>

Please indicate the basis for your appeal (examples of supporting documentation are shown below):

<input checked="" type="checkbox"/> <b>Estimated Market Value</b>	Examples: recent written appraisal; recent settlement statement; property insurance documents
<input checked="" type="checkbox"/> <b>Equalization</b>	Example: a listing of properties that you consider to be comparable to your property.
<input type="checkbox"/> <b>Classification</b>	Indicate current use of the property, and date the use started: Date: _____ <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Vacant <input type="checkbox"/> Blight
<input type="checkbox"/> <b>Property Damage or Condition</b>	Please describe and provide evidence such as cost estimates and damage claims. Color photographs are strongly encouraged.
<input type="checkbox"/> <b>Disputed Property Record</b>	Explain: _____

**Property Value Information**

If your property has been privately appraised within the past 12 months prior to January 1<sup>st</sup> please attach a copy with the appeal.  
Purchase price of the property \$ \_\_\_\_\_ Date of Purchase \_\_\_\_\_ Your estimate of value \$ \$323,788

Please state the justification for your appeal. (Attach additional or supporting documents.)

We conduct both telephone and in-person hearings as well as non-appearance reviews of the written record. Telephone and in-person hearings are conducted by appointment only. If you fail to appear and **have not** notified us twenty-four (24) hours in advance of the appointed time, your hearing will be converted to a non-appearance review of the written record and only the information furnished with your original petition will be considered in the review.

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(Contact Phone Number)

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Mailing Address: 1230 31st St, NW 2nd Floor  
City: Washington State: DC Zip: 20007  
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