

Department of Taxation and Finance Office of Real Property Tax Services



Application for State Board Review of Tax Department Determination of STAR Exemption Ineligibility

If you have received a final determination from the Department of Taxation and Finance that you are ineligible for the STAR exemption, and you wish to appeal it, return this application to the New York State Department of Taxation and Finance within **45 days** of your notice regarding ineligibility for the Basic STAR Exemption. Do **not** file this application with your local assessor. For detailed instructions, see Form RP-425-SB-I, *Instructions for Form RP-425-SB*.

Part A – Basic information (Print all entries)

Location of property

City, state, ZIP code

Property key

Names of all owners

Part B – Basis for review

In the space provided below, explain why you feel you should not have been denied eligibility for the STAR exemption. Attach additional sheets and additional documentation, if necessary. For information on eligibility, see instructions, Form RP-425-SB-I.

Attention: Application will not be accepted if Part C unsigned

Mark an **X** here if attaching additional documentation

Part C – Certification

By signing below, I (we) certify that all statements made on this application for review, and all documents submitted herewith, including proof of income and residency, are true and correct to the best of my (our) knowledge and that I (we) have made no willful false statements of material fact. I (we) understand that any false statements on this form are punishable under the penal law.

All owners and resident spouses must sign and date.

Property key

Signature	Date	Signature	Date
Signature	Date	Signature	Date
Signature	Date	Signature	Date

This application along with any supporting materials submitted will be reviewed by the State Board of Real Property Tax Services. A representative may contact you to discuss your application. Provide your contact information below.

Contact name:	Daytime phone:
Address:	Evening phone:
	Email:

This Area for Reviewer's Use Only

Application received date	Additional documentation
	Income
	Residency
	Other
SB Eligibility Confirmation Approved	Denied
Reviewer's signature	Date