



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

Kenneth Hahn Hall of Administration | 500 W Temple Street Room B4 | Los Angeles, California 90012
Phone: (213) 974-1471 | Fax: (213) 217-4979 | Email: AABOffice@bos.lacounty.gov

How to Submit an Appeals Application Online (For Tax Agents/Attorneys)

- 1.) Go to AAB online application portal at: <https://lacaab.lacounty.gov/Home.aspx>
- 2.) Click on "Tax Agent Login", located on the left navigation panel and enter your user name (your registered email address) and password. Click on "Log In".

The screenshot shows the 'Tax Agent Login' page. On the left is a navigation menu with the following items: 'Tax Agent Login' (selected), 'Log In', 'Forgot User Id/ Password?', 'Tax Agent Registration', 'List of Tax Agents', 'Forms', 'Technical Questions', 'Contact Us', and 'Related Departments'. The main content area is titled 'Log In' and contains a form with 'User Name' (Jdoe@email.com) and 'Password' (Abc123!) fields, and a 'Log In' button.

Click on "Tax Agent Login".

Enter your current user name and password, and then click on "Log In".

If you need to reset your password, click on the "Forgot User ID/ Password" link and follow the system prompt to create a new password.

- 3.) Click on "Submit an Application for Changed Assessment" link.

[Log Out]

Welcome to the County of Los Angeles Online Application for Changed Assessment

2016 Regular Assessment ON-LINE filing opens on July 2, 2016

- [Submit an Assessment Appeal Application](#)

Click on "Submit an Application for Changed Assessment" link.

Click on the link above to submit your online application.

NOTE: Pursuant to State Board of Equalization Property Tax Rule 305 Section (a)(1) and Los Angeles County Assessment Appeals Board Rule Section 4(A)(2)(d), for application(s) filed by an agent (other than a California licensed attorney who has been directly retained and authorized by the person affected to file the application), the applicant's written authorization **must** be properly indicated on the application or attached with each application at the time of filing.

You must click on "Submit" button to submit/file your application. Any "draft" application will not be considered as official filing. For instructions on how to submit your application online, [click here](#).

- [View Status of Submitted Application\(s\)](#)

Click on the link above to view the status of your submitted application(s). For instructions on how to view status of submitted applicatins, [click here](#).



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

Kenneth Hahn Hall of Administration | 500 W Temple Street Room B4 | Los Angeles, California 90012
Phone: (213) 974-1471 | Fax: (213) 217-4979 | Email: AABOffice@bos.lacounty.gov

- 4.) Enter the applicant's information on the required fields marked by an asterisk (*).
- 5.) Click on "Continue".

APPLICANT INFORMATION

Business or Trust Name

Primary Contact

* First Name MI * Last Name

* Address

Address 2

Daytime Phone Ext:

* City

Alternate Phone Ext:

* State

Fax Number

* Zip Code

Additional Contact Names

* Are you being represented? Yes No

* How do you want to receive future correspondence and hearing notification(s)?
 Mail Email

* Are you filing for an Economic Unit? Yes No

* **Written Findings of Facts** (Minimum of \$181.00 per parcel)
 Are Requested Are Not Requested

* **This Application is Designated as a Claim for Refund**
Do you want to designate this application as a claim for refund?
 Yes No

* **Hearing Officer Program**
If your property is a single-family dwelling, condominium, cooperative or multi-family dwelling of four units or less, regardless of value, or a property that does not exceed \$3,000,000 assessed value, you may request that your hearing be conducted by an Assessment Hearing Officer, instead of a formal Assessment Appeals Board.
Do you wish to have your appeal heard before an Assessment Appeals Hearing Officer?
 Yes No

Click on "Continue" to proceed to the next page.



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

Kenneth Hahn Hall of Administration | 500 W Temple Street Room B4 | Los Angeles, California 90012
Phone: (213) 974-1471 | Fax: (213) 217-4979 | Email: AABOffice@bos.lacounty.gov

- 6.) Your contact information is displayed under “Contact Information—Agent, Attorney, or Relative of Applicant”.
- 7.) Under “Authorization of Agent” click on “Select” to upload/attach your signed agent’s authorization form.
- 8.) Click on the “Same name provided under Agent or Attorney Section” to auto-populate the agent’s information.
- 9.) Click on “Continue” to proceed to the next page.

CONTACT INFORMATION - AGENT, ATTORNEY, OR RELATIVE OF APPLICANT

Agency Name

Person to Contact

* First Name MI * Last Name

* Address

Address 2

* City * Daytime Phone Ext:

* State Alternate Phone Ext:

* Zip Code Fax Number E-Mail

AUTHORIZATION OF AGENT

The following information must be completed (or attached to this application) unless the agent is a licensed California attorney as indicated in the Certification section, or a spouse, child, parent, registered domestic partner, or the person affected. If the applicant is a business entity, the agent's authorization must be signed by an officer or authorized employee of the business.

Agent's Authorization Form

Print Name of Agent

Same name provided under Agent or Attorney Section

* First Name MI * Last Name

Agency Name

The person above is hereby authorized to act as my agent in this application and may inspect Assessor's records, enter in stipulation agreements, and otherwise settle issues relating to this application.

Print Name

Title

* Date

Click on “Select” to upload/attach your signed agent’s authorization form.

Click on box to auto-populate the agent’s information.

Click on “Continue” to proceed to the next page.



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

Kenneth Hahn Hall of Administration | 500 W Temple Street Room B4 | Los Angeles, California 90012
Phone: (213) 974-1471 | Fax: (213) 217-4979 | Email: AABOffice@bos.lacounty.gov

10.) Click on the drop down arrow to select the type of assessment being appealed.

PROPERTY IDENTIFICATION INFORMATION

* Type of Assessment being appealed?

Regular Assessment

(Select)

Regular Assessment

Supplemental Assessment

Roll Change

Escape Assessment

Penalty Assessment

Click on the drop down arrow to select the type of assessment.

11.) Enter the Assessor's Parcel Number, Sequence Number, and PIN as shown on the tax bill.

(Note: Click on the question mark if you need help locating the Sequence Number.)

* Assessor's Parcel Number. 1234 567 890
MapBook Page Parcel

* Sequence Number: 16000 ?

* PIN: VC1VIY

Click on the question mark if you need help locating the Sequence Number on the tax bill.

12.) Click on "Fill Address" to auto-populate the property address recorded under the Assessor's Parcel Number.

* Assessor's Parcel Number. 1234 567 890
MapBook Page Parcel

* Sequence Number: 16000 ?

* PIN: VC1VIY

Fill Address

* Address 456 Avenue Way

* City Los Angeles State CA

* Zip Code 90012

Doing Business As (DBA), if appropriate:

Click on "Fill Address" to auto-populate the property address.

13.) Click on the drop down arrow to select the property type and click on the box to indicate if you are occupying the property as your primary place of residence.

14.) For supplemental assessment, roll change, escape and penalty assessment appeals, click on "Select" to upload and attach the copy of the tax bill. Enter the tax bill notice date and the roll year as indicated on the tax bill.

* Property Type Single-Family/Condominium/Townhouse/Duplex

* Is this property a single-family dwelling that is occupied as the principal place of residence by the owner? Yes No

* Attach a copy of Notice or Tax Bill (Tax Bill.pdf) **Select**

* Date of Notice or Tax Bill: 10/15/15 Roll Year: 2015

Click on the drop down arrow to select the property type and check on the box to indicate if the property is your primary place of residence.

Click on "Select" to upload and attach the copy of the tax bill.

Enter the tax bill notice date and roll year as indicated on the tax bill.



**COUNTY OF LOS ANGELES
ASSESSMENT APPEALS BOARD**

Kenneth Hahn Hall of Administration | 500 W Temple Street Room B4 | Los Angeles, California 90012
Phone: (213) 974-1471 | Fax: (213) 217-4979 | Email: AABOffice@bos.lacounty.gov

15.) Enter your opinion of the property's value(s).

PROPERTY VALUE		
* Total opinion of value must not be zero (0)		
Value	Value On Roll	Applicant's Opinion Of Value
Land	\$220,000.00	<input type="text" value="\$180,000"/>
Improvements/Structures	\$550,000.00	<input type="text" value="\$320,000"/>
Fixtures	\$0.00	<input type="text" value="\$0"/>
Personal Property	\$0.00	<input type="text" value="\$0"/>
Other	\$0.00	<input type="text" value="\$0"/>
TOTAL	\$770,000.00	<input type="text" value="\$500,000"/>
Penalties		<input type="text" value="\$0"/>

16.) Click to select the reason(s) for filing an appeal and click on "Continue".

ASSESSMENT TYPE
* You must check at least one box

REASON FOR FILING APPEAL (FACTS)
If you are uncertain of which item to check, please check 'I. OTHER' and provide a brief explanation of your reasons for filing this application.
The reasons that I rely upon to support requested changes in value are as follows:

	Facts	
<input checked="" type="checkbox"/>	A. DECLINE IN VALUE: The assessor's roll value exceeds the market value as of January 1 of the current year.	
<input type="checkbox"/>	B1. No. Click to select the reason(s) for filing for	<input type="text"/>
<input type="checkbox"/>	B2. Base year value is incorrect. Based on the date of is	<input type="text"/>
<input type="checkbox"/>	C1. No new construction occurred on the date of	<input type="text"/>
<input type="checkbox"/>	C2. Base year value for the completed construction established on the date of is incorrect	<input type="text"/>
<input type="checkbox"/>	C3. Value of construction in progress on January 1 is incorrect.	
<input type="checkbox"/>	D. CALAMITY REASSESSMENT: Assessor's reduced value is incorrect for property damaged by misfortune or calamity.	
<input type="checkbox"/>	E1. All personal property/fixtures	
<input type="checkbox"/>	E2. Only a portion of the personal property/fixtures.	
<input type="checkbox"/>	F. PENALTY ASSESSMENT: Penalty assessment is not justified.	
<input type="checkbox"/>	G1. Classification of property is incorrect.	
<input type="checkbox"/>	G2. Allocation of value of property is incorrect (e.g., between land and improvements).	
<input type="checkbox"/>	H1. Amount of escape assessment is incorrect.	
<input type="checkbox"/>	H2. Assessment of other property of the assessee at the location is incorrect.	
<input type="checkbox"/>	I. OTHER: Explanation	



COUNTY OF LOS ANGELES ASSESSMENT APPEALS BOARD

Kenneth Hahn Hall of Administration | 500 W Temple Street Room B4 | Los Angeles, California 90012
Phone: (213) 974-1471 | Fax: (213) 217-4979 | Email: AABOffice@bos.lacounty.gov

- 17.) Click and select either “Agent” or “Attorney”.
- 18.) Click on the acknowledgement box and enter the email address where the confirmation will be sent. You may click on the “Assessment Appeal Form (Draft)” to view the draft of your application. However, you **must** click on “Submit” to complete and submit your application.
- 19.) Click on “Submit” to submit your application.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct, and complete to the best of my knowledge and belief and that I am (1) the owner of the property or the person affected (i.e., a person having a direct economic interest in the payment of the taxes on that property - 'The applicant'), (2) an agent authorized by the applicant under Item 2 of this application, or (3) an attorney licensed to practice law in the State of California, STATE BAR NO. , who has been retained by the applicant and has been authorized by that person to file this application.2015

<input checked="" type="radio"/> Owner	<input type="radio"/> Agent	<input type="radio"/> Attorney
<input type="radio"/> Spouse	<input type="radio"/> Parent	<input type="radio"/> Child
<input type="radio"/> Registered Domestic Partner	<input type="radio"/> Person Affected	<input type="radio"/> Corporate Officer or Designated Employee

I Acknowledge * Required

Send confirmation to this e-mail address

Note: A copy will also be sent to the applicant's e-mail address (if previously provided).

Please click the link below to view a draft copy of your applications before submitting.

[Assessment Appeal Form \(Draft\)](#)

Click to select if you are the owner or authorized representative to file for the appeal, and then click on the acknowledgement box.

Enter the email address where the confirmation will be sent.

Click on this link to view the draft of the application.

Click on “Submit” to submit your application.

- 20.) A confirmation page will display. You may print this page for your records or click on the “Assessment Appeal Application” to print the copy of the application.

Thank you for submitting you Assessment Appeal.

Date: **6/20/2016**
Name of the Applicant: **Doe, John**
Application Number: **2015-814154**
Assessor's I.D.: **5163-021-026**

Please print this page for your records or print a pdf copy of your application from the link below.

[Assessment Appeal Application](#)

Click on the link to print a copy of the application.