



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

ABINANI

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) QUEENS	BLOCK 9583	LOT 1	ASSESSMENT YEAR 2021/22
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FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

129-02 LIBERTY AVENUE, SOUTH RICHMOND HILL, NY 11419

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **LEBCHIR PROPERTIES INC**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **(Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

GROUP #, IF ANY

514

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____.

Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **239,850** b. Applicant's assessment of market value \$ **36,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **5,400**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's Initials _____ You must initial this page if you do not use a two-sided application form.

TC 101

YEAR **2021/22** BOROUGH **Queens** BLOCK **9583** LOT **1** GROUP # **514** TC101



7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 1	YEAR OF CONSTRUCTION 2004
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 6	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2005	NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0	
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 -		
SECOND FLOOR		
FIRST FLOOR	RETAIL	
BASEMENTS	METERS / BOILER / STORAGE / OFFICE	
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	2,500 sq. ft.	2,250 sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	2,500 sq. ft.	2,250 sq. ft.		sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **Yes**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building **BASEMENT**

Approximate nonresidential gross floor area used by Applicant **1,100** sq. ft., of which first floor **0**, basement **1,100**

Describe Applicant's use: **MANAGEMENT OFFICE AND STORAGE**

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH BOROUGH **QUEENS** BLOCK **9583** LOT **1**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. **TC244 and a notarized Power of Attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Alami Binani**
OF PERSON SIGNING: _____

SIGNER'S President
TITLE: _____

Signed: **X** _____ Date _____

County **Queens** State **New York** Date _____

Sworn to before me (signature of notary): **X** _____

NOTARY STAMP



I have notified you about these conditions and given you a reasonable time to make repairs. Because you have failed to make repairs, I will withhold my rent until all the illegal conditions in my apartment are fixed.

When you expect us to pay the rent on time according to Real Property Law Section and threaten us with legal action. Even the Tenant has the right to live in good sanitary condition in his apartment.

Hope an immediate action is taken to repair the following condition.

Along with this letter I enclose a month Rent and balance will be paid soon as the work done.

Sincerely,

Anistasheia D'souza

the first time I have seen a bird of this size in the field. It was
about 10 inches long, with a very long tail, and a very long beak.
It was black above, and white below, with a red patch on its wing.

The next day we went to the village of Uk, where we saw many more birds,
including a large black bird with a long beak, which we believe to be a
large bird of prey.

We also saw a small black bird with a long beak, which we believe to be a
small bird of prey.

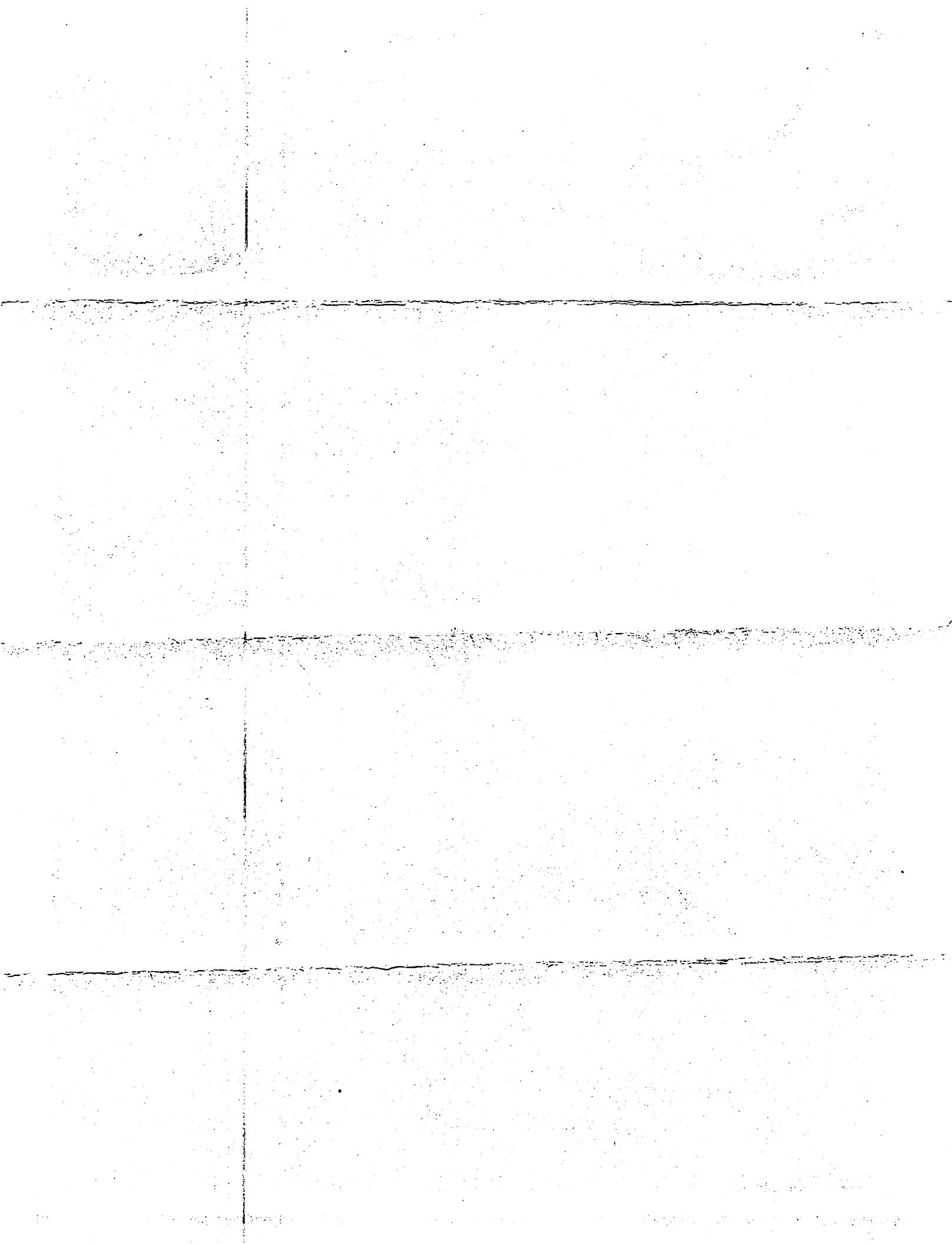
We also saw a small black bird with a long beak, which we believe to be a
small bird of prey.

Very interesting!

1/7/2021

IMG-6658.jpg







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1 Centre Street, Room 2400, New York, NY 10007

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2021/22

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ABRAMJUD

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) BROOKLYN	BLOCK 3524	LOT 15	ASSESSMENT YEAR 2021/22
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FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

1758 PITKIN AVENUE, Brooklyn, NY 11212

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

**2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent.
See TC600 "Who May Apply".**

Name of Applicant **PITWAT INC.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **(Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

GROUP #, IF ANY

514

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____.

Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **191,700** b. Applicant's assessment of market value \$ **29,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **4,350**

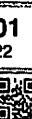
Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than: a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101



YEAR 2021/22 BOROUGH Brooklyn

BLOCK 3524

LOT 15

GROUP # 514

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 1	YEAR OF CONSTRUCTION 1994
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 1	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 1993		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 -		
SECOND FLOOR		
FIRST FLOOR RETAIL		
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3- _____	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	1,480 sq. ft.	1,480 sq. ft.	sq. ft.	sq. ft.
BASEMENTS	sq. ft.	sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	1,480 sq. ft.	1,480 sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.
or a new building been filed with the Buildings Dept.?

11. SIGNATURE AND OATH BOROUGH **BROOKLYN** BLOCK **3524** LOT **15**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions).
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____

- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any wilfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Judy Abramov**
OF PERSON SIGNING: _____ SIGNER'S President
TITLE: _____

Signed: X _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): X _____

NOTARY STAMP





TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

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ABRAMJUD

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1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) BROOKLYN	BLOCK 3524	LOT 16	ASSESSMENT YEAR 2021/22
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FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

1760-64 PITKIN AVENUE, Brooklyn, NY 11212

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **PITWAT INC.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

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◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

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You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

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PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

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TC214

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OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

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Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

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a. Tentative actual assessment \$ **234,900** b. Applicant's assessment of market value \$ **35,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **5,250**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than: a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

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Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

YEAR **2021/22** BOROUGH **Brooklyn** BLOCK **3524** LOT **16** GROUP # **514**

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 1	YEAR OF CONSTRUCTION 1994
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 2	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 1993		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 -		
SECOND FLOOR		
FIRST FLOOR RETAIL		
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3- _____	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	4,480 sq. ft.	4,480 sq. ft.	sq. ft.	sq. ft.
BASEMENTS	sq. ft.	sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	4,480 sq. ft.	4,480 sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH **BROOKLYN** BLOCK **3524** LOT **16**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Judy Abramov**
OF PERSON SIGNING: _____

SIGNER'S President
TITLE: _____

Signed: X _____ Date _____	NOTARY STAMP
County _____ State _____ Date _____	
Sworn to before me (signature of notary): X _____	





TAX COMMISSION OF THE CITY OF NEW YORK

1 Centre Street, Room 2400, New York, NY 10007

FORM TC101 INSTRUCTIONS FOR 2020

APPLICATION FOR CLASS TWO OR CLASS FOUR PROPERTIES

TC101INS
2020/21

Read TC600 How to Appeal a Tentative Assessment **before** you begin to complete this form.

Who should use this form? Use Form TC101 to protest only the valuation of a property in tax class two or four, including a claim that the statutory limits on annual increases have been exceeded by the Department of Finance for the tax year that will begin on July 1, 2020. If you are making a classification or exemption claim either alone or with a valuation claim, use Form TC106. Use just one application form for each property.

What other forms and instructions are needed?

Form TC10 Receipt.

One or more of the following may also be required as an attachment to the application:

TC200	Addendum to Application
TC201	Income Schedule (Rental Property)
TC203	Income Schedule (Coop or Condo)
TC208	Income Schedule (Hotel or Motel)
TC214	Income Schedule for Department Stores, Theaters, and Service Sites
TC230	Sale Statement
TC244	Agent's Statement of Authority and Knowledge (when an agent signs the application) Note: a Power of Attorney is required to be filed with Form TC244.
TC309	Accountant's Certification

When and where to file. The Tax Commission must receive your application by 5:00 P.M. on March 2, 2020. The deadline is set by law and cannot be waived or extended for any reason. Late applications will not be reviewed.

Filing by mail. Mail the completed Form TC101 to the Tax Commission, 1 Centre Street, Room 2400, New York, NY 10007. **DO NOT MAIL THE TC101 TO ANY OTHER ADDRESS.** Applications received after the March 2 deadline will not be accepted even if they were mailed before that date. Include a self-addressed, stamped Tax Commission receipt Form TC10.

Filing in Person: Bring the completed application forms to the Tax Commission's Manhattan office at 1 Centre St. or to a Finance Dept. Business Center in any borough by the deadline. Get a date-stamped receipt

(Form TC10).

A date-stamped Form TC10 is the only acceptable proof of timely filing. Proof of mailing, or a return receipt from the post office or an express delivery company, is not acceptable proof of timely filing with the Tax Commission.

File an original. Keep a photocopy for your records and to use at your hearing. See TC600 for information about filing additional copies of your application with your original.

Applications require an original signature and, therefore, may not be filed by fax or e-mail.

Supplemental affidavits. Use Form TC159, supplemental affidavit, to provide additional or missing information, or to correct any information that is misstated in the application or attachments. See Form TC600 and TC159.

Completeness. Your application should be complete when filed. Failure to answer all questions may result in your application being denied review by the Tax Commission.

An income and expense schedule may be required. For most properties, an income and expense schedule must be attached to the application for correction. Use Form TC201 if the property produced rental income in 2019. Use Form TC203 for residential and commercial cooperatives and condominiums. Use Form TC208 for hotels and motels. Use Form TC214 for department stores, public parking garages and lots, and theaters where the Applicant is the business operator or a related person. If the Applicant operates its own business in part of the property, and rents part of the property, attach both Form TC201 and Form TC214. Form TC214 is not required for an operator of a department store having less than 10,000 gross square feet of retail space.

A net lessor leasing to a related lessee who occupies the property may use Form TC200, Part 5, instead of TC201 to report net lease information. A net lessor with a related lessee who sublets any part of the property to unrelated sublessees must use TC201.

An income and expense schedule is not required when:

- Property produced no rental income in 2019;
- Applicant's operation began after July 1, 2019, unless the prior operator was a related person;
- Property is exclusively residential with six or fewer apartments; or
- Property is owner-occupied and used by a business



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

ACHAKRAVORTY

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR
QUEENS	12983	44	2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

131-30 MERRICK BOULEVARD, JAMAICA, NY 11434

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **Biancachak LLC**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FCRM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter **_____ %** floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ **_____**

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____.

Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **156,150** b. Applicant's assessment of market value \$ **23,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **3,450**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment: (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC108.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

YEAR 2021/22 BOROUGH Queens BLOCK 12983 LOT 44 GROUP # 514 TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 2	YEAR OF CONSTRUCTION 2009
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2014		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 -	MEDICAL OFFICE	
SECOND FLOOR	MEDICAL OFFICE	
FIRST FLOOR	MEDICAL OFFICE	
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	1,230 sq. ft.	sq. ft.	sq. ft.	1,230 sq. ft.
FIRST FLOOR	1,231 sq. ft.	sq. ft.	sq. ft.	1,231 sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	2,461 sq. ft.	sq. ft.	sq. ft.	2,461 sq. ft.

9. USE BY APPLICANT

◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- i. The Applicant named in Part 2. (check this box only if Applicant is an individual.) ii. Officer of corporate Applicant named in Part 2.
- iii. General partner of partnership Applicant named in Part 2. iv. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Sumana Chakravorty** SIGNER'S Member
OF PERSON SIGNING: _____ TITLE: _____

Signed: **X** _____ Date _____

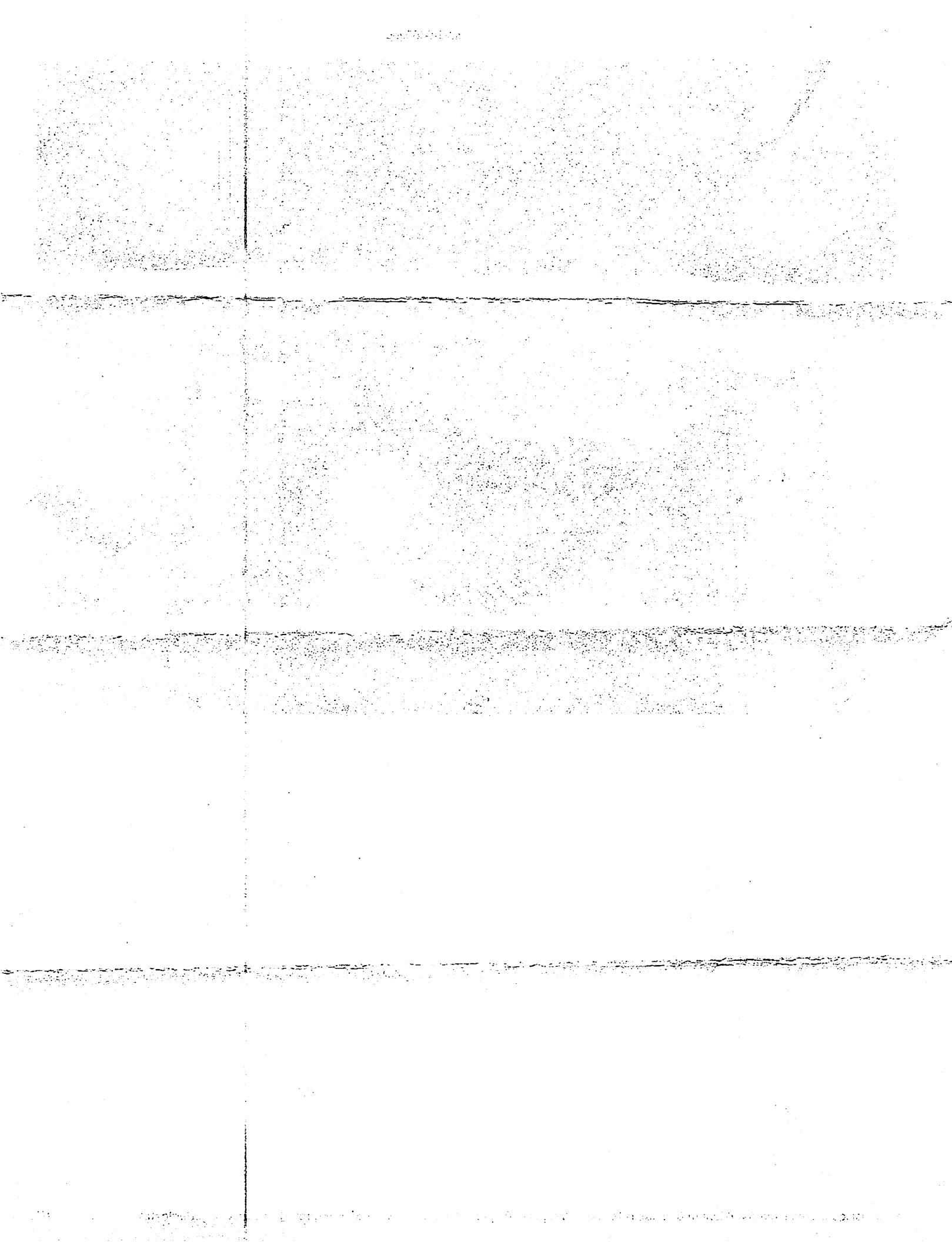
County _____ State _____ Date _____

Sworn to before me (signature of notary): **X** _____

NOTARY STAMP









TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE OF TAX CLASS TWO OR FOUR PROPERTY

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AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

ADEMINIC

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) QUEENS	BLOCK 4518	LOT 47	ASSESSMENT YEAR 2021/22
--	----------------------	------------------	-----------------------------------

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

150-33 14 AVENUE, WHITESTONE, NY 11357

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **CENA REALTY LLC**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? _____ (Y/N)

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____.

Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **292,500** b. Applicant's assessment of market value \$ **44,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **6,600**

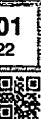
Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than: a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's Initials _____. You must initial this page if you do not use a two-sided application form.

TC 101



YEAR **2021/22** BOROUGH **Queens**

BLOCK **4518** LOT **47**

GROUP # **514**

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 2	YEAR OF CONSTRUCTION 2004
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2004		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.)		
FLOORS 3 -		
SECOND FLOOR	OFFICE	
FIRST FLOOR	OFFICE	
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	1,800 sq. ft.	sq. ft.	sq. ft.	1,800 sq. ft.
FIRST FLOOR	1,800 sq. ft.	sq. ft.	sq. ft.	1,800 sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	3,600 sq. ft.	sq. ft.	sq. ft.	3,600 sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Nicolas Adamidis**
OF PERSON SIGNING: _____ SIGNER'S Member
TITLE: _____

Signed: X _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): X _____

NOTARY STAMP



7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS	sq.ft.	sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____ If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)
- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH

BLOCK

LOT

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

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i. The Applicant named in Part 2. (Check this box only if Applicant is an individual.)

ii. Officer of corporate Applicant named in Part 2. Title: _____

iii. General partner of partnership Applicant named in Part 2.

iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____

v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**

vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions).

If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____

vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title: _____

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PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AFFROSTE

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR	1
QUEENS	1231	47	2021/22	

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

39-36 62 STREET, WOODSIDE, NY 11377

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **Woodside Development Co., L.L.C.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **672,300** b. Applicant's assessment of market value \$ **101,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **15,150**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

YEAR **2021/22** BOROUGH **Queens** BLOCK **1231** LOT **47** GROUP # **514**

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 3	YEAR OF CONSTRUCTION 1929
NUMBER OF DWELLING UNITS 10	NUMBER OF RETAIL UNITS 2	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - 3 **RESIDENTIAL**

SECOND FLOOR **RESIDENTIAL**

FIRST FLOOR **RETAIL / RESIDENTIAL**

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 - 3	4,255 sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	4,255 sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	4,255 sq. ft.	3,478 sq. ft.	sq. ft.	sq. ft.
BASEMENTS	_____	sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	12,765 sq. ft.	3,478 sq. ft.	_____	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- i. The Applicant named in Part 2. (check this box only if Applicant is an individual.) ii. Officer of corporate Applicant named in Part 2.
- iii. General partner of partnership Applicant named in Part 2. iv. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any wilfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Steven Affronti**
OF PERSON SIGNING: _____

SIGNER'S Member
TITLE: _____

Signed: X _____	Date _____	
County _____	State _____	
Sworn to before me (signature of notary): X _____		

NOTARY STAMP



7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS		sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

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- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

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- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

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PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

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County _____ State _____ Date _____

NOTARY STAMP

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

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8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS	sq.ft.	sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

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BOROUGH

BLOCK

LOT

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vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title: _____

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PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

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AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AGGARNAV

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.				1
BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) BROOKLYN		BLOCK 664	LOT 42	ASSESSMENT YEAR 2021/22
YEAR 2021/22 BOROUGH Brooklyn BLOCK 664 LOT 42 GROUP # 514 TC101				
FULL ADDRESS OF PROPERTY (WITH ZIP CODE) 149 29 STREET, Brooklyn, NY 11232				
<input type="checkbox"/> Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)				
2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".				
Name of Applicant 149 29TH STREET LLC				
◆ Is Applicant an owner/title holder of entire property? Yes If YES, is the entire property subject to a net lease? No See TC101 Instructions.				
◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? No If YES, check box (a) or (b).				
(a) <input type="checkbox"/> Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.				
(b) <input type="checkbox"/> Lease from a related owner. Specify Applicant's relation to owner _____				
If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.				
FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.				
◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? Yes				
If YES, specify the reason: EXCLUSIVELY OWNER OCCUPIED				
◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? (Y/N)				
If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____				
If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: <input type="checkbox"/> Apportionment notice <input type="checkbox"/> Notice of Increase				
You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.				
3. REPRESENTATION - Complete this section even if you will represent yourself.				
PHONE NO. (646) 355-8602		FAX NO. (718) 729-5997		GROUP #, IF ANY 514
NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED Apfelbaum & Apfelbaum, LLP				GROUP #, IF ANY 514
MAILING ADDRESS 31-18 38th Avenue, Suite #2, Long Island City, NY 11101		EMAIL ADDRESS David@apflaw.com		
The person listed is: <input type="checkbox"/> Applicant <input checked="" type="checkbox"/> Attorney <input type="checkbox"/> Employee or officer of owner entity named in 2B <input type="checkbox"/> Other Representative				
4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.				
<input type="checkbox"/> TC201 <input type="checkbox"/> TC203 <input type="checkbox"/> TC208 <input type="checkbox"/> TC214				
<input type="checkbox"/> TC309 <input type="checkbox"/> TC200 <input type="checkbox"/> TC230 <input type="checkbox"/> OTHER: _____				
<input type="checkbox"/> Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____. Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.				
5. HEARING REQUEST - Check only one box.				
Review on papers submitted without a personal hearing, OR <input checked="" type="checkbox"/> Personal hearing in Manhattan <input type="checkbox"/> Personal hearing in the Bronx				
<input type="checkbox"/> Personal hearing in Brooklyn <input type="checkbox"/> Personal hearing in Queens <input type="checkbox"/> Personal hearing in Staten Island				
6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT				
Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:				
a. Tentative actual assessment \$ 390,600 b. Applicant's assessment of market value \$ 59,000 under ordinary circumstances.				
c. Estimated class assessment ratio: 15 % d. Requested assessment: \$ 8,850				
Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than: a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.				
Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.				
DATE RECEIVED _____				

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 1	YEAR OF CONSTRUCTION 1960
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2002		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 -

SECOND FLOOR

FIRST FLOOR

WAREHOUSE

BASEMENTS

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	12,000 sq. ft.	sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	12,000 sq. ft.	sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **Yes**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: **BEER DISTRIBUTOR**

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH **BROOKLYN** BLOCK **664** LOT **42**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Navin Aggarwal**
OF PERSON SIGNING:

SIGNER'S Member
TITLE: _____

Signed: _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): _____

NOTARY STAMP





TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE
 COPY

TC 101
2021/22

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AGINALE

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR
MANHATTAN	442	16	2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

41 EAST 1 STREET, New York, NY 10003

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **41 EAST 1ST REHAB CORP.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **667,350** b. Applicant's assessment of market value \$ **100,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **15,000**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than: a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

TC 101
2021/22

YEAR **2021/22** BOROUGH **Manhattan**

BLOCK **442**

LOT **16**

GROUP # **514**

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 5	YEAR OF CONSTRUCTION 1900
NUMBER OF DWELLING UNITS 11	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 1990		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 - 5	RESIDENTIAL	
SECOND FLOOR	RESIDENTIAL	
FIRST FLOOR	RESIDENTIAL	
BASEMENTS	RESIDENTIAL / UTILITIES / STORAGE	
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 - 5	3,774 sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	1,258 sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	1,258 sq. ft.	sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	6,290 sq. ft.	sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH **MANHATTAN** BLOCK **442** LOT **16**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Alex Agin**
OF PERSON SIGNING: _____

SIGNER'S President
TITLE: _____

Signed: X _____	Date _____	
County _____	State _____	
Sworn to before me (signature of notary): X _____		

NOTARY STAMP



7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS	sq.ft.	sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

 Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.
10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer BOTH questions will result in denial of review.

◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)

◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.

Signer is (check one of boxes i-vii below): If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top of page 1.

i. The Applicant named in Part 2. (Check this box only if Applicant is an individual.)

ii. Officer of corporate Applicant named in Part 2. Title: _____

iii. General partner of partnership Applicant named in Part 2.

iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____

v. An attorney, employee, property manager or other agent for Applicant named in Part 2. TC244 and a notarized power of attorney must be attached.

vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions).

If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____

vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS	sq.ft.	sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)
- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below): **If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top of page 1.**

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- iii. General partner of partnership Applicant named in Part 2.
- iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____
- v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant. Enter name of entity, relationship to Applicant and signer's title: Name of entity _____ Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS		sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)
- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH _____

BLOCK _____

LOT _____

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below): **If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top of page 1.**

- i. The Applicant named in Part 2. (Check this box only if Applicant is an individual.)
- ii. Officer of corporate Applicant named in Part 2. Title: _____
- iii. General partner of partnership Applicant named in Part 2.
- iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____
- v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ **Form TC200 may be required. See TC200INS (Instructions).**
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.
Enter name of entity, relationship to Applicant and signer's title: Name of entity _____
Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS	sq.ft.	sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)

◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below): **If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top of page 1.**

i. The Applicant named in Part 2. (Check this box only if Applicant is an individual.)

ii. Officer of corporate Applicant named in Part 2. Title: _____

iii. General partner of partnership Applicant named in Part 2.

iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____

v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**

vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ **Form TC200 may be required. See TC200INS (instructions).**
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____

vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AGINALE

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR
MANHATTAN	443	20	2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

67-69 EAST 2 STREET, New York, NY 10003

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **67 EAST 2ND STREET, INC.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? _____ (Y/N)

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **3,487,950** b. Applicant's assessment of market value \$ **523,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **78,450**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

YEAR **2021/22** BOROUGH **Manhattan** BLOCK **443** LOT **20** GROUP # **514**

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 6	YEAR OF CONSTRUCTION 1920
NUMBER OF DWELLING UNITS 49	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 1994		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - 6 **RESIDENTIAL**

SECOND FLOOR **RESIDENTIAL**

FIRST FLOOR **RESIDENTIAL / LOBBY**

BASEMENTS **RESIDENTIAL / UTILITY / BOILER ROOM**

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 - 6	16,884 sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	4,221 sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	4,221 sq. ft.	sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	25,326 sq. ft.	sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **Yes**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building **BASEMENT, APT. 8**

Approximate nonresidential gross floor area used by Applicant **0** sq. ft., of which first floor **0**, basement **0**

Describe Applicant's use: **SUPER'S APARTMENT**

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH	BOROUGH	MANHATTAN	BLOCK	443	LOT	20
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This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Alex Agin**
OF PERSON SIGNING:

SIGNER'S SECRETARY
TITLE: _____

Signed: X _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): X _____

NOTARY STAMP



TC 101



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101

2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY



OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES
AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AGOSTRAY

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) BRONX	BLOCK 2758	LOT 25	ASSESSMENT YEAR 2021/22
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FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

1074 HOME STREET, Bronx, NY 10459

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

**2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent.
See TC600 "Who May Apply".**

Name of Applicant **Agosto Home St. Realty Corp.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO. (646) 355-8602	FAX NO. (718) 729-5997
-------------------------------------	-----------------------------------

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED Apfelbaum & Apfelbaum, LLP	GROUP #, IF ANY 514
---	-------------------------------

MAILING ADDRESS 31-18 38th Avenue, Suite #2, Long Island City, NY 11101	EMAIL ADDRESS David@apflaw.com
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The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201 TC203 TC208 TC214

TC309 TC200 TC230 OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **371,250** b. Applicant's assessment of market value \$ **56,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **8,400**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

YEAR **2021/22** BOROUGH **Bronx** BLOCK **2758** LOT **25** GROUP # **514** TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 1	YEAR OF CONSTRUCTION 1925
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2005		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.). FLOORS 3 - _____		
SECOND FLOOR _____		
FIRST FLOOR FACTORY / GARAGE		
BASEMENTS _____		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 - _____	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	12,000 sq. ft.	sq. ft.	800 sq. ft.	sq. ft.
BASEMENTS	sq. ft.	sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	12,000 sq. ft.	sq. ft.	800 sq. ft.	sq. ft.

9. USE BY APPLICANT

◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **Yes**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building **PART OF FIRST FLOOR**

Approximate nonresidential gross floor area used by Applicant **9,000** sq. ft., of which first floor **9,000**, basement _____

Describe Applicant's use: **PLUMBING BUSINESS**

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.
or a new building been filed with the Buildings Dept.?

11. SIGNATURE AND OATH BOROUGH **BRONX** BLOCK **2758** LOT **25**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- V. An attorney, employee, property manager or other agent for the Applicant named in Part 2. **TC244 and a notarized Power of Attorney must be attached.**
- VI. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions).
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- VII. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Raymond Agosto**
OF PERSON SIGNING:

SIGNER'S President
TITLE: _____

Signed: _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): _____

NOTARY STAMP





TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

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AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

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READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) BROOKLYN	BLOCK 6680	LOT 1	ASSESSMENT YEAR 2021/22
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FULL ADDRESS OF PROPERTY (WITH ZIP CODE)
460-64 KINGS HIGHWAY, Brooklyn, NY 11223

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

**2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent.
See TC600 "Who May Apply".**

Name of Applicant **464 KINGS HIGHWAY LLC**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **(Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO. (646) 355-8602	FAX NO. (718) 729-5997
-------------------------------------	-----------------------------------

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED Apfelbaum & Apfelbaum, LLP	GROUP #, IF ANY 514
---	-------------------------------

MAILING ADDRESS 31-18 38th Avenue, Suite #2, Long Island City, NY 11101	EMAIL ADDRESS David@apflaw.com
---	--

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201 TC203 TC208 TC214

TC309 TC200 TC230 OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **504,900** b. Applicant's assessment of market value \$ **76,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **11,400**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

LOT 1

GROUP # 514

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 2	YEAR OF CONSTRUCTION 1931
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 2	NUMBER OF VEHICLE PARKING SPACES Indoor: 12 Outdoor: 0
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 -

OFFICE

FIRST FLOOR

RETAIL

BASEMENTS

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	2,250 sq. ft.	sq. ft.	sq. ft.	2,250 sq. ft.
FIRST FLOOR	6,000 sq. ft.	6,000 sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	8,250 sq. ft.	6,000 sq. ft.	sq. ft.	2,250 sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH **BROOKLYN** BLOCK **6680** LOT **1**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. **TC244 and a notarized Power of Attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Kevin Ahearn**
OF PERSON SIGNING: _____ SIGNER'S MEMBER
TITLE: _____

Signed: X _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): X _____

NOTARY STAMP





TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE
 COPY

TC 101
2021/22

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AHMADSHA

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR	YEAR
QUEENS	842	30	2021/22	2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

23-56 31 STREET, Astoria, NY 11105

Lot is filing consolidated Income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **786 QUEENS REALTY CORP.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, Is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201

TC203

TC208

TC214

TC309

TC200

TC230

OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____.

Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **334,800** b. Applicant's assessment of market value \$ **50,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **7,500**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than: a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

BLOCK 842

LOT 30

GROUP # 514

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 3	YEAR OF CONSTRUCTION 1931
NUMBER OF DWELLING UNITS 13	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 1992		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 - 3	RESIDENTIAL	
SECOND FLOOR	RESIDENTIAL	
FIRST FLOOR	RESIDENTIAL	
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 - 3	2,480 sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	2,480 sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	2,480 sq. ft.	sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	7,440 sq. ft.	sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **Yes**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building **APT. #10 (AUNT)**

Approximate nonresidential gross floor area used by Applicant **0** sq. ft., of which first floor **0**, basement **0**

Describe Applicant's use: **OWNER'S AUNT'S APARTMENT (ONE APT.)**

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH BOROUGH **QUEENS** BLOCK **842** LOT **30**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____

- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Shamraz Ahmad**
OF PERSON SIGNING: _____ SIGNER'S President
TITLE: _____

Signed: _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): _____

NOTARY STAMP





TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES
AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AHMEDABD

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.				1
BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) MANHATTAN	BLOCK 1918	LOT 29	ASSESSMENT YEAR 2021/22	

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)
465 LENOX AVENUE, New York, NY 10037

- Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)
2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent.
 See TC600 "Who May Apply".

Name of Applicant **ALEM ENTERPRISES, INC.**

- ◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, Is the entire property subject to a net lease? **No** See TC101 Instructions.
 ◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).
 (a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.
 (b) Lease from a related owner. Specify Applicant's relation to owner _____
 If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.
FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.
 ◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**
 If YES, specify the reason: _____
 ◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **(Y/N)**
 If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____
 If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase
 You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO. (646) 355-8602	FAX NO. (718) 729-5997	GROUP #, IF ANY 514
-------------------------------------	-----------------------------------	-------------------------------

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED Apfelbaum & Apfelbaum, LLP	EMAIL ADDRESS David@apflaw.com
---	--

MAILING ADDRESS 31-18 38th Avenue, Suite #2, Long Island City, NY 11101	EMAIL ADDRESS David@apflaw.com
---	--

The person listed is:	<input type="checkbox"/> Applicant	<input checked="" type="checkbox"/> Attorney	<input type="checkbox"/> Employee or officer of owner entity named in 2B	<input type="checkbox"/> Other Representative
-----------------------	------------------------------------	--	--	---

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

<input checked="" type="checkbox"/> TC201	<input type="checkbox"/> TC203	<input type="checkbox"/> TC208	<input type="checkbox"/> TC214
<input type="checkbox"/> TC309	<input type="checkbox"/> TC200	<input type="checkbox"/> TC230	<input type="checkbox"/> OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR <input checked="" type="checkbox"/> Personal hearing in Manhattan	<input type="checkbox"/> Personal hearing in the Bronx	
<input type="checkbox"/> Personal hearing in Brooklyn	<input type="checkbox"/> Personal hearing in Queens	<input type="checkbox"/> Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **414,900** b. Applicant's assessment of market value \$ **62,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **9,300**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

Signer's initials _____ You must initial this page if you do not use a two-sided application form.

YEAR **2021/22** BOROUGH **Manhattan** BLOCK **1918** LOT **29** GROUP # **514** TC101

DATE RECEIVED

TC 101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 5	YEAR OF CONSTRUCTION 1920
NUMBER OF DWELLING UNITS 22	NUMBER OF RETAIL UNITS 1	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 1986		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.)		
FLOORS 3 - 5	RESIDENTIAL	
SECOND FLOOR	RESIDENTIAL	
FIRST FLOOR	RETAIL	
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 - 5	6,903 sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	2,301 sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	2,301 sq. ft.	2,300 sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	11,505 sq. ft.	2,300 sq. ft.		sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- V. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- VI. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- VII. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Abdul Ahmed**
OF PERSON SIGNING: _____ SIGNER'S President
TITLE: _____

Signed: X _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): X _____

NOTARY STAMP





TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AHMEDABD

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island) MANHATTAN	BLOCK 2041	LOT 48	ASSESSMENT YEAR 2021/22
---	----------------------	------------------	-----------------------------------

1

YEAR
2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

2593 FREDRICK DOUGLASS BL, New York, NY 10030

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **NEBSAM INC.**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

GROUP #, IF ANY

514

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201 TC203 TC208 TC214

TC309 TC200 TC230 OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **1,009,800** b. Applicant's assessment of market value \$ **151,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **22,650**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment: (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 5	YEAR OF CONSTRUCTION 1920
NUMBER OF DWELLING UNITS 16	NUMBER OF RETAIL UNITS 2	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2000		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - 5 **RESIDENTIAL**

SECOND FLOOR **RESIDENTIAL**

FIRST FLOOR **RETAIL**

BASEMENTS

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 - 5	7,188 sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	2,397 sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	2,600 sq. ft.	2,600 sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	12,185 sq. ft.	2,600 sq. ft.		sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH **MANHATTAN** BLOCK **2041** LOT **48**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. **TC244 and a Notarized Power of Attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Abdul Ahmed**
OF PERSON SIGNING: _____ SIGNER'S President
TITLE: _____

Signed: **X** _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): **X** _____

NOTARY STAMP





TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

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AHMEDJAL

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR
BROOKLYN	6262	39	2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

7802 20 AVENUE, Brooklyn, NY 11214

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **7802 20th Ave LLC**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **No**

If YES, specify the reason: _____

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? (Y/N)

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

GROUP #, IF ANY

514

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

<input checked="" type="checkbox"/> TC201	<input type="checkbox"/> TC203	<input type="checkbox"/> TC208	<input type="checkbox"/> TC214
<input type="checkbox"/> TC309	<input type="checkbox"/> TC200	<input type="checkbox"/> TC230	<input type="checkbox"/> OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____.

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **222,750** b. Applicant's assessment of market value \$ **33,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **4,950**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment: (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

YEAR **2021/22** BOROUGH **Brooklyn** BLOCK **6262** LOT **39** GROUP # **514**

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 1	YEAR OF CONSTRUCTION 1931
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 3	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2017		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 -		
SECOND FLOOR		
FIRST FLOOR RETAIL		
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	4,767 sq. ft.	4,767 sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	4,767 sq. ft.	4,767 sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **Yes**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building **FIRST FLOOR**

Approximate nonresidential gross floor area used by Applicant **1,000** sq. ft., of which first floor **1,000**, basement **0**

Describe Applicant's use: **WHOLESALE BUSINESS**

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- i. The Applicant named in Part 2. (check this box only if Applicant is an individual.) ii. Officer of corporate Applicant named in Part 2.
- iii. General partner of partnership Applicant named in Part 2. iv. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Jalal Ahmed**
OF PERSON SIGNING:

SIGNER'S Member
TITLE:

Signed: **X** _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): **X** _____

NOTARY STAMP



7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS	sq.ft.	sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)
- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below): **If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top of page 1.**

- i. The Applicant named in Part 2. (Check this box only if Applicant is an individual.)
- ii. Officer of corporate Applicant named in Part 2. Title: _____
- iii. General partner of partnership Applicant named in Part 2.
- iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____
- v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ **Form TC200 may be required. See TC200INS (Instructions).**
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.
Enter name of entity, relationship to Applicant and signer's title: Name of entity _____
Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

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AHMEDJAL

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR
BROOKLYN	7058	5	2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

2118 MERMAID AVENUE, Brooklyn, NY 11224

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent. See TC600 "Who May Apply".

Name of Applicant **ON THE BEACH HOUSING LLC**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **Yes**

If YES, specify the reason: **VACANT LAND**

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? **_____ (Y/N)**

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of Increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

GROUP #, IF ANY

514

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201 TC203 TC208 TC214

TC309 TC200 TC230 OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **139,050** b. Applicant's assessment of market value \$ **21,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **3,150**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC108.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101

YEAR 2021/22

BOROUGH Brooklyn

BLOCK 7058

LOT 5

GROUP # 514

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 0	NUMBER OF STORIES ABOVE GRADE 0	YEAR OF CONSTRUCTION 0
NUMBER OF DWELLING UNITS 0	NUMBER OF RETAIL UNITS 0	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2016		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 -		
SECOND FLOOR		
FIRST FLOOR		
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) VACANT LAND		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	sq. ft.	sq. ft.	sq. ft.	sq. ft.
BASEMENTS	sq. ft.	sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	sq. ft.	sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **No**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

BOROUGH **BROOKLYN** BLOCK **7058** LOT **5**

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See Instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. **TC244 and a notarized Power of Attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Jalal Ahmed**
OF PERSON SIGNING: _____ SIGNER'S Member
TITLE: _____

Signed: X _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): X _____

NOTARY STAMP



7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS		sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)
- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

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- ii. Officer of corporate Applicant named in Part 2. Title: _____
- iii. General partner of partnership Applicant named in Part 2.
- iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____
- v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ **Form TC200 may be required. See TC200INS (instructions).**
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.
Enter name of entity, relationship to Applicant and signer's title: Name of entity _____
Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS		sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

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- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)
- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below): **If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top of page 1.**

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- iii. General partner of partnership Applicant named in Part 2.
- iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____
- v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (instructions).
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.
Enter name of entity, relationship to Applicant and signer's title: Name of entity _____
Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2020 – Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS	NUMBER OF STORIES ABOVE GRADE	YEAR OF CONSTRUCTION
NUMBER OF DWELLING UNITS	NUMBER OF RETAIL UNITS	NUMBER OF VEHICLE PARKING SPACES Indoor: _____ Outdoor: _____
YEAR OF PURCHASE		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: _____ Outdoor: _____

USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).

FLOORS 3 - _____

SECOND FLOOR _____

FIRST FLOOR _____

BASEMENTS _____

OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators) _____

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2020

Floor	All uses (above grade)	Retail	Garage	Offices
FLOORS 3 - _____	sq.ft.	sq.ft.	sq.ft.	sq.ft.
SECOND FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
FIRST FLOOR	sq.ft.	sq.ft.	sq.ft.	sq.ft.
BASEMENTS		sq.ft.	sq.ft.	sq.ft.
TOTAL AREA	sq.ft.	sq.ft.	sq.ft.	sq.ft.

9. USE BY APPLICANT

- ◆ On January 5, 2020, was any of the property used by the Applicant or related persons? _____. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq.ft., of which first floor _____, basement _____

Describe Applicant's use _____

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2018 – Failure to answer **BOTH** questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2018? Yes No. To be provided at or before hearing (see instructions.). If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only.)
- ◆ After January 5, 2018, has there been any construction, demolition or major alteration work or have plans for demolition or a new building been filed with the Buildings Dept.? Yes No. If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes i-vii below): **If box (v) or (vi) is checked, Mark application "Special Counsel Review" on the top of page 1.**

- i. The Applicant named in Part 2. (Check this box only if Applicant is an individual.)
- ii. Officer of corporate Applicant named in Part 2. Title: _____
- iii. General partner of partnership Applicant named in Part 2.
- iv. Member or manager of, or individual officer of LLC Applicant named in Part 2. Signer's Title: _____
- v. An attorney, employee, property manager or other agent for Applicant named in Part 2. **TC244 and a notarized power of attorney must be attached.**
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ **Form TC200 may be required. See TC200INS (instructions).**
If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.
Enter name of entity, relationship to Applicant and signer's title: Name of entity _____
Relationship to Applicant _____ Signer's Title: _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME OF PERSON SIGNING _____

Signed: _____ Date: _____

The signer must appear and acknowledge the signature before a notary.

Sworn to before me (signature of notary): _____

County _____ State _____ Date _____

NOTARY STAMP



TAX COMMISSION OF THE CITY OF NEW YORK
1 Centre Street, Room 2400, New York, NY 10007

HIGH VALUE

TC 101
2021/22

COPY

APPLICATION FOR CORRECTION OF ASSESSED VALUE
OF TAX CLASS TWO OR FOUR PROPERTY

OUR PUBLISHED FORMS MAY NOT REFLECT PROCEDURAL MODIFICATIONS PROMPTED BY THE PANDEMIC. BE SURE TO CHECK OUR WEBSITE FOR UPDATES AT [HTTPS://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE](https://WWW1.NYC.GOV/SITE/TAXCOMMISSION/INDEX.PAGE).

AHMEDJAL

READ TC600 AND THE SEPARATE INSTRUCTIONS (TC101 INS) BEFORE YOU BEGIN. COMPLETE ALL PARTS OF THE FORM. ANSWER "YES" OR "NO" TO QUESTIONS MARKED ◆.

1. PROPERTY IDENTIFICATION - A separate application is required for each tax lot.

BOROUGH (Bronx, Brooklyn, Manhattan, Queens or Staten Island)	BLOCK	LOT	ASSESSMENT YEAR
BROOKLYN	7143	36	2021/22

FULL ADDRESS OF PROPERTY (WITH ZIP CODE)

2835 86 STREET, Brooklyn, NY 11223

Lot is filing consolidated income and expense schedule with one or more other blocks and lot(s). (TC166 must be filed.)

**2. APPLICANT - The Applicant must be an owner or other person adversely affected by the assessment, not an attorney or agent.
See TC600 "Who May Apply".**

Name of Applicant **2835-37 86th Street, LLC**

◆ Is Applicant an owner/title holder of entire property? **Yes** If YES, is the entire property subject to a net lease? **No** See TC101 Instructions.

◆ Is Applicant a lessee (tenant) of entire property who pays all property charges and is not barred from contesting the assessment? **No** If YES, check box (a) or (b).

(a) Lease from unrelated owner or sublease. Provide lease information on form TC200 or TC201. See TC101 Instructions.

(b) Lease from a related owner. Specify Applicant's relation to owner _____

If neither owner nor lessee of entire property, specify Applicant's relation to property _____ and Submit Form TC200.

FAILURE TO SUBMIT FORM TC200 WILL RESULT IN DENIAL OF A REVIEW OF YOUR APPLICATION.

◆ Does Applicant claim eligibility for review without filing an income schedule (TC201, 203, 208 or 214) or net lease rent on TC200? **Yes**

If YES, specify the reason: **EXCLUSIVELY OWNER OCCUPIED**

◆ If YES and property is a 4, 5, or 6-unit exclusively residential property, is any part of the property rented or being offered for rent as of January 5, 2021? _____ (Y/N)

If YES, enter _____ % floor area at or above grade that is rented or offered for rent and enter the 2020 gross rent: \$ _____

If TC101 is filed after March 1, application is eligible for review because filing is within 20 calendar days of: Apportionment notice Notice of increase

You must attach a copy of the apportionment notice or notice of increase from the Finance Dept.

3. REPRESENTATION - Complete this section even if you will represent yourself.

PHONE NO.

(646) 355-8602

FAX NO.

(718) 729-5997

GROUP #, IF ANY

514

NAME OF INDIVIDUAL OR FIRM TO BE CONTACTED

Apfelbaum & Apfelbaum, LLP

MAILING ADDRESS

31-18 38th Avenue, Suite #2, Long Island City, NY 11101

EMAIL ADDRESS

David@apflaw.com

The person listed is: Applicant Attorney Employee or officer of owner entity named in 2B Other Representative

4. ATTACHMENTS - List all schedules and documents attached to this application. Number the pages.

TC201 TC203 TC208 TC214

TC309 TC200 TC230 OTHER: _____

Lot is consolidated. See attachments to application for block _____ lot _____. Last page number _____

Attach a statement of facts and other documents supporting your market value estimate or submit them at hearing. If you request review on papers in Part 5, submit supporting facts and other documents with the application.

5. HEARING REQUEST - Check only one box.

Review on papers submitted without a personal hearing, OR Personal hearing in Manhattan Personal hearing in the Bronx

Personal hearing in Brooklyn Personal hearing in Queens Personal hearing in Staten Island

6. CLAIMS OF UNEQUAL OR EXCESSIVE ASSESSMENT

Applicant objects to the assessment on the grounds that it is (i) unequal or (ii) excessive because the assessment exceeds the full value of the property or statutory limits on increases, as follows:

a. Tentative actual assessment \$ **203,400** b. Applicant's assessment of market value \$ **31,000** under ordinary circumstances.

c. Estimated class assessment ratio: **15** % d. Requested assessment: \$ **4,650**

Applicant also objects to the assessment on the following grounds: UNEQUAL - 1) assessment at higher proportionate valuation than; a) all property on same roll and all property on tax rolls of the city; b) property of like character in section; c) other property in same class on same roll by same officers; 2) extent of unequal assessment; (assessment) minus (claimed full value times 15%). EXCESSIVE - 1) extent: (assessment) minus (claimed full value); 2) entitled property failed to receive all or part of partial exemption; 3) failure to comply with RPTL 1805 limitations on increase and methods of computing transition assessment. UNLAWFUL - 1) unlawful use of defective classification statute; 2) failure to: a) equalize between boroughs and/or sections intra and/or inter class; b) assess at full value; c) assess at a uniform percentage of value; d) adhere to constitutional tax rate limits; e) establish proper base and adjusted base proportion; f) specify on roll if assessment increased under RPTL 1805 (3); g) adhere to RPTL 489 (9) limits on an assessment; 3) assessment unlawfully set based on percentage of gross sales price; 4) RPTL 720 (3) unlawful; 5) property misclassified. MISCLASSIFIED - a) property misclassified as being in class two or four instead of appropriate class; b) class designation results in incorrect allocation of parcel's assessed valuation between two or more classes.

Do not use this form to claim unlawful assessment, misclassification, or full or partial exemption; use Form TC106.

DATE RECEIVED

Signer's initials _____. You must initial this page if you do not use a two-sided application form.

TC 101



YEAR **2021/22** BOROUGH **Brooklyn**

BLOCK **7143**

LOT **36**

GROUP # **514**

TC101

7. PROPERTY DESCRIPTION AS OF JANUARY 5, 2021 - Property uses, retail units, dwellings, parking spaces.

NUMBER OF BUILDINGS 1	NUMBER OF STORIES ABOVE GRADE 2	YEAR OF CONSTRUCTION 1931
NUMBER OF DWELLING UNITS 1	NUMBER OF RETAIL UNITS 1	NUMBER OF VEHICLE PARKING SPACES Indoor: 0 Outdoor: 0
YEAR OF PURCHASE 2015		NUMBER OF VEHICLE PARKING SPACES PAID Indoor: 0 Outdoor: 0
USES (residential, office, retail, hotel, loft, factory, warehouse, storage, garage, theater, etc.).		
FLOORS 3 -	RESIDENTIAL	
SECOND FLOOR		
FIRST FLOOR	RETAIL	
BASEMENTS		
OUTDOOR SPACE (e.g. cell tower/telecom equipment, signage, generators)		

8. APPROXIMATE GROSS FLOOR AREA AS OF JANUARY 5, 2021

FLOOR	ALL USES (ABOVE GRADE)	RETAIL	GARAGE	OFFICES
FLOORS 3 -	sq. ft.	sq. ft.	sq. ft.	sq. ft.
SECOND FLOOR	950 sq. ft.	sq. ft.	sq. ft.	sq. ft.
FIRST FLOOR	1,500 sq. ft.	1,500 sq. ft.	sq. ft.	sq. ft.
BASEMENTS		sq. ft.	sq. ft.	sq. ft.
TOTAL AREA	2,450 sq. ft.	1,500 sq. ft.	sq. ft.	sq. ft.

9. USE BY APPLICANT

- ◆ On January 5, 2021, was any of the property used by the Applicant or related persons? **Yes**. If YES, complete this Part 9.

Use by Applicant: Entire property. Part. Specify location in building _____

Approximate nonresidential gross floor area used by Applicant _____ sq. ft., of which first floor _____, basement _____

Describe Applicant's use: **GROCERY STORE AND APARTMENT**

See instructions if used as a department store, public parking garage or lot, theater or hotel.

10. SALE, DEMOLITION OR CONSTRUCTION AFTER JANUARY 5, 2019 - Failure to answer BOTH questions will result in denial of review.

- ◆ Has the property or an interest in it been bought, sold, transferred or placed under contract of sale after January 5, 2019? Yes No If YES, submit Form TC230 or TC200 (submit TC200 for transfers between related parties only).
 To be provided at or before hearing (see Instructions).
- ◆ After January 5, 2019, has there been any construction, demolition or major alteration work or have plans for demolition Yes No If YES, submit Form TC200.

11. SIGNATURE AND OATH

This application must be signed by an individual having personal knowledge of the facts who is the Applicant, a fiduciary, an agent, or an officer of a corporation, a general partner of a partnership or a member or manager of a limited liability company (LLC), which legal entity either is the Applicant, or a general partner or member or manager of the Applicant. See instructions. **NOTE: Forms TC200, TC244 and/or a Power of Attorney may be required. If required and not attached to this application, it will be dismissed.**

Signer is (check one of boxes I-vii below. If box (v) or (vi) is checked, mark application "Special Counsel Review" on the top of page 1.)

- I. The Applicant named in Part 2. (check this box only if Applicant is an individual.) II. Officer of corporate Applicant named in Part 2.
- III. General partner of partnership Applicant named in Part 2. IV. Member or manager of, or individual officer of LLC Applicant named in Part 2.
- v. An attorney, employee, property manager or other agent for the Applicant named in Part 2. TC244 and a notarized Power of Attorney must be attached.
- vi. Fiduciary. Specify fiduciary's relationship to Applicant _____ Form TC200 may be required. See TC200INS (Instructions). If signing as fiduciary for a corporation, partnership or LLC, enter name of entity: _____
- vii. An officer, general partner, or member or manager of an entity that is the general partner, member or manager of the Applicant.

Enter name of entity, relationship to Applicant and signer's title: Name of entity _____

Relationship to Applicant _____ Signer's Title _____

OATH I have read this entire application before signing below, including all instructions, whether on this form or on another. I am personally responsible for the accuracy of the information provided on this application and on any attachments, and I certify that all such information is true and correct to the best of my knowledge and belief. I also understand that such information is subject to verification, is being relied upon by the City of New York and that the making of any willfully false statement of material fact on this application or any attachments will subject me to the provisions of the penal law relevant to the making and filing of false statements.

PRINT CLEARLY NAME **Jalal Ahmed**
OF PERSON SIGNING: _____

SIGNER'S Member
TITLE: _____

Signed: X _____ Date _____

County _____ State _____ Date _____

Sworn to before me (signature of notary): X _____

NOTARY STAMP

