

TAX YEAR: 2019  
PAYABLE: 2020

**TNT INFORMATION for:** ISD # \_\_\_\_\_

**Contact Information for Truth in Taxation Notices**

**Contact Person** \_\_\_\_\_

**Phone Number** \_\_\_\_\_

**Entity Address** \_\_\_\_\_

**Entity City, State & ZIP** \_\_\_\_\_

**Include Contact Person** Yes \_\_\_\_\_ or No \_\_\_\_\_

**Include Phone Number** Yes \_\_\_\_\_ or No \_\_\_\_\_

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**Hearing Location Information:**

**Date** \_\_\_\_\_

**Time** \_\_\_\_\_

**Place** \_\_\_\_\_  
(confine to 20 spaces)

**Address** \_\_\_\_\_

**City, State & ZIP** \_\_\_\_\_

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**Referendum Pending?** Yes \_\_\_\_\_ or No \_\_\_\_\_

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**Business Manager** \_\_\_\_\_

**Date of Certification** \_\_\_\_\_

Office use only:

**AUTHORITY:** \_\_\_\_\_

**ENTITY:** \_\_\_\_\_