

**MINNESOTA TAX COURT FORM 1**  
**FOOMKA 1AAD EE MAXKAMADDA CASHUURTA EE MINNESOTA**  
**NOTICE OF APPEAL OF AN ORDER OF THE COMMISSIONER OF REVENUE**  
**OGEYSIISKA RACFAANKA AMARKA WAKIILKA DAKHLIGA**  
**MINN. STAT. CH. 271**  
**SHARCIYADA. MINN. CUTUB. 271**

<p>1. Appellant(s) [Taxpayer] Name(s):  1. Magaca(yada) Racfaan-qaataha [Cashuur-bixiyaha]:</p>	<p>2. Indicate the division of Court being appealed to:</p> <p><input type="checkbox"/> Regular Division</p> <p><input type="checkbox"/> Qaybta Caadiga ah</p> <p><input type="checkbox"/> Small Claims Division (see instructions below):</p> <p><input type="checkbox"/> Qaybta Dacwadaha Yaryar (eeg tilmaamaha hoose):</p> <p>In appealing to small claims division, appellant/s is/are aware of the fact that no appeal may be had from a small claims judgment and agrees that the decision of the Tax Court shall be conclusive.</p> <p>Markaad racfaan ka qaadnayso qaybta dacwadaha yaryar, racfaan qaataha(yaasha) ayaa ka warqaba xaqiiqda ah in aan wax racfaan ah laga qaadan karin xukunka dacwadaha yar yar oo ay oggol yihiin in go'aanka Maxkamadda Canshuurta uu noqon doono mid gebogebo ah.</p>
<p>3. Minnesota County of Residence:  3. Minnesota Degmada La degan yahay:</p>	<p>4. Indicate where hearing is to be held:</p> <p>4. Muuji goobta lagu qabanayo dhagaysiga:</p> <p><input type="checkbox"/> At courthouse in Minnesota County of Residence</p> <p><input type="checkbox"/> Guriga maxkamadda ee Minnesota ee Degmada La Degan yahay</p> <p><input type="checkbox"/> At Tax Court's hearing room in St. Paul, Minnesota</p> <p><input type="checkbox"/> Qolka dhagaysiga ee Maxkamadda Cashuurta ee St. Paul, Minnesota</p>
<p>5. Date of Order: <i>(Notice Date)</i>  5. Taariikhda Amarka: <i>(Taariikhda Ogeysiiska)</i></p>	<p>6. Type of Tax: <i>(for property tax, use Minnesota Tax Court Form 7)</i>  6. Nooca Cashuurta: <i>(cashuurta hantida, isticmaal Foomka 7aad ee Maxkamadda Cashuurta Minnesota)</i></p>
<p>7. Tax Year(s) or Period(s) Involved:  7. Sannadada Cashuurta ama Muddada Lala xiriiriyay:</p>	
<p>8. If being assessed personally liable for a tax originally incurred in another name, list the name of the other person or business involved:  8. Haddii lagugu qiimeeyo shaqsi ahaan mas'uuliyadda canshuur markii hore ku timid magac kale, qor magaca qofka kale ama ganacsiga ku lugta leh:</p>	
<p>9. Attach a copy of the order being appealed from. State reasons for your appeal:  <i>(attach additional pages if necessary)</i>  9. Ku soo lifaaq nuqulka amarka racfaanka laga qaatay. Sheeg sababaha aad u qaadatay racfaankaaga:  <i>(ku lifaaq bogag dheeraad ah haddii loo baahdo)</i></p>	<p><b>--DO NOT WRITE IN THIS SECTION--</b>  (For Tax Court Use Only)  <b>--WAXBA HA KU QORIN QAYBTAN--</b>  (Loogu talagalay Keliya Isticmaalka Maxkamadda Cashuurta)</p>
<p>10. Name &amp; Address of Appellant(s) or Attorney:  10. Magaca &amp; Cinwaanka Racfaan-qaataha ama Qareenka:</p>   <p>Telephone number: (_____) _____  Taleefan lambar: (_____) _____</p>	<p>11. WHEREFORE, appellant(s) pray(s) this Honorable Court for a determination on appellant(s)' claim.</p>   <p>Signature of Appellant (or Attorney for Appellant)  Saxeexa Racfaan-qaataha (ama Qareenka Racfaan-qaataha)</p>

Fax number: ( )  
Faakis lambar: ( )  
Attorney Registration Number: \_\_\_\_\_  
Lambarka Diiwaangelinta Qareenka: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Cinwaanka iimaylka: \_\_\_\_\_

Signature of Additional Appellant (or Attorney)  
Saxeexa Racfaan-qaataha Dheeraadka ah (ama Qareenka)

## TILMAAMO

### 1. HABRAACYADA BUUXINTA:

- Buuxi dhammaan qaybaha hore ee qaybta hore ee foomkan oo ka samee laba nuqul oo leh lifaaqyo; iyo
- Ku buuxi Dhaarta/Adeegga Aqbalaadda qaybta danbe ee foomka asalka ah; oo
- SII HAL NUQUL WAKIILKA WAAXDA DAKHLIGA EE 600 NORTH ROBERT STREET, MAIL STATION 2220, ST. PAUL, MN 55146-2220 (EEG QAYBTA DANBE FAAHFAAHIN DHEERAAD AH); IYO**
- Ku xafid nuqulka labaad diiwaanadaada.
- XAREE FOOMKA ASALKA AH IYADOO AY LA SOCOTO KHIDMADAADA BUUXINTA EE MAXKAMADDA CASHUURTA EE MINNESOTA, 245 MINNESOTA JUDICIAL CENTER, 25 REV. DR. MARTIN LUTHER KING JR. BLVD., ST. PAUL, MN 55155**

1. Ogaysiiska racfaanka waa inay ku heshaa maxkamadda canshuurtu muddo lixdan (60) maalmood gudahood ah oo ka bilaabata "Taariikhda Ogaysiiska" ee Amarka Wakiilka (dukumentu kasta oo canshuur bixin ama diidmada gabi ahaanba ama qayb ahaan lacag-celinta). Maxkamadda Canshuurta, sabab jirta awgeed, waxay ku dalban kartaa amarka qoraal waqtiga racfaanka soddon (30) maalmood. Waqti kordhinta waa in lagu codsadaa lixdan (60) maalmood gudahood oo ka bilaabata "Taariikhda Ogaysiiska" ee Amarka Wakiilka. Waxaad ku xarayn kartaa Ogeysiiska Racfaanka Maxkamada Canshuurta boostada Mareykanka, waa hadii ogeysiiska racfaanka ay calaamadeyso Adeegga Boostada Mareykanka muddo 60 maalmood gudahood laga bilaabo Taariikhda Ogaysiiska (90 maalmood gudahood haddii waqti ordhin la sameeo). Eeg Sharciga. Minn.. 1 271.06 si aad u hesho macluumaad dheeraad ah.

**KHIDMADDA XARAYNTA: Qaybta Caadiga ah: \$310.00 –AMA– Qaybta Dacwadaha Yaryar: \$150.00**

Jeeg u qor "Karaaniga Maxkamadda Cashuurta." Ee Qaybta Caadiga ah, cashuur-bixiyaha waxaa laga rabaa inuu bixiyo qarashka wariyaha maxkamada, eeg Sharciga. Minn.. Qaybta. 271.07.

Haddii qaddarka la isku khilaafsan yahay uu ka yar yahay \$15,000.00, cashuur bixiyuhu wuxuu ikhtiyaar u leeyahay inuu ka dacwodo Qaybta Dacwadaha Caadiga ah ama Yar ee Maxkamadda Cashuurta. Haddii qaddarka khilaafku uu ka badan yahay \$15,000.00, racfaanku waa inuu ku jiraa Qaybta Caadiga ah ee Maxkamadda Canshuurta.

Hababka kale ee xaraynta eeg Msharciga. Minn. Cutubka. 271.

MINNESOTA TAX COURT

Websayd: <http://mn.gov/tax-court/>

Telephone: (651) 539-3260

E-Mail: [info@taxcourt.state.mn.us](mailto:info@taxcourt.state.mn.us)

## SHARRAXAADDA ADEEGGA DHAARTA

Adeegga Dhaartu wuxuu maxkamadda u sheegayaa inaad ogeysiisay Wakiilka Dakhliga inaad xareaynayso racfaan adoo siinaya asaga/ayada nuqul racfaanka ah. Waxaad u baahan tahay oo keliya buuxinta qaybtan foomka ah ee asalka ah ee loo diro Maxkamadda.

Hoos waxaa ku qoran noocyada dhaarta ee adeegga. Keliya isticmaal **mid ka mid ah hababka adeegan**.

- 1) **Adeegga Dhaarta ee Boostada:** Adoo u diraya nuqul ka mid ah racfaanka Wakiilka Dakhliga oo isla markaa saxeexaya bayaan kahor nootaayada dadweynaha inaad sidan samaysay.
- 1) **Adeegga Oggolaanshaha:** Adiga oo shaqsi ahaan ugu geynaya nuqul Wakiilka Dakhliga oo ka helaya shaqaalaha xafiiska Wakiilka Waaxda Dakhliga inuu saxeexo in nuqulka racfaanka la helay.
- 2) **Adeegga Dhaarta Shakhsi ahaaneed:** Adiga oo ka helaya qof aan ka tirsanayn dhinac (sida hannaanka bixinta) inuu geeyo nuqulka loo baahan yahay Wakiilka Waaxda Dakhliga, oo ka hela qofkaas inuu saxeexo bayaanka nootaayada leh in qaadistaas la sameeyay.

### ***Affidavit of Service By Mail***

#### ***Adeegga Dhaarta ee Boostada***

STATE OF MINNESOTA )  
GOBOLKA MINNESOTA )  
 )  
COUNTY OF \_\_\_\_\_ )  
DEGMADA \_\_\_\_\_ )

\_\_\_\_\_, markii ugu horreysay ee sida saxda ah loo dhaariyo, waxay sheegaysaa in \_\_\_\_\_ maalinta \_\_\_\_\_, 20\_\_\_\_\_, isaga/iyadu waxay siiyeen Ogaysiiska Racfaanka Wakiilka Dakhliga iyadoo la gelinayo nuqul run ah oo sax ah baqshada iyo wax ka qabashada isla sidan soo socota: Wakiilka Dakhliga, 600 North Robert Street, Mail Station 2220, St. Paul, MN 55146-2220, iyo dhigista boostada horay laga bixiyo ee boostada Maraykanka.

Waxaa rukuntay oo dhaartay aniga hortay \_\_\_\_ maalinta \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Nootaayada Dadweynaha

\_\_\_\_\_  
Signature of Affiant  
Saxeexa Dhaartaha

### ***Admission of Service***

#### ***Adeegga Aqbalaadda***

Adeegga ah hal nuqul oo ah lifaaqa Ogeysiisk Racfaanka waxaa aqbalay \_\_\_\_ maalinta \_\_\_\_\_, 20\_\_\_\_\_.

OFFICE OF THE COMMISSIONER OF REVENUE  
XAFIISKA WAKIILKA DAKHLIGA

Waxaa qoray \_\_\_\_\_

### ***Affidavit of Personal Service*** ***Dhaarta ah Adeegga Shaqsiyeed***

STATE OF MINNESOTA )  
GOBOLKA MINNESOTA )  
 )  
COUNTY OF \_\_\_\_\_ )  
DEGMADA \_\_\_\_\_ )

\_\_\_\_\_, Markii koowaad ee sida saxda ah loo dhaariyay, waxa la sheegay in \_\_\_\_\_  
maalinta \_\_\_\_\_, 20, \_\_\_\_\_ isagu/iyadu waxay u gudbiyeen nuqulka runta ah ee saxda ah ee  
Ogeysiiska Racfaanka xafiiska Wakiilka Dakhliga ee 600 North Robert Street, Mail Station 2220, St. Paul, MN 55146-2220.

Waxaa rukuntay oo dhaartay aniga hortay \_\_\_\_ maalinta  
\_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public  
Nootaayada Dadweynaha

\_\_\_\_\_  
Signature of Affiant  
Saxeexa Dhaartaha