

HEARING OFFICER AGREEMENT

THIS AGREEMENT, made and entered into on this 17<sup>th</sup> day of October 2019, by and between JACKSON COUNTY, MISSOURI BOARD OF EQUALIZATION hereinafter called "the Board" and Cathie Chesen, LLC, hereinafter called "Hearing Officer."

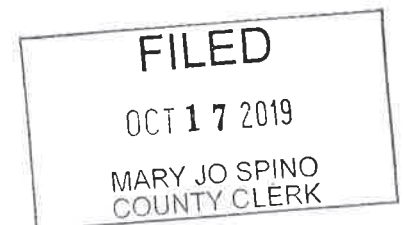
WITNESSETH:

WHEREAS, Hearing Officer has agreed to provide specialized services relating to real estate valuation and classification to the Board in accordance with the terms, conditions, and covenants as set forth in this Agreement; and,

WHEREAS, Hearing Officer and the Board have agreed to be bound by the provisions hereof,

NOW THEREFORE, in consideration of the foregoing and the terms and provisions herein contained, Board and Hearing Officer respectively promise, covenant and agree with each other as follows:

1. Hearing Officer shall provide specialized services relating to real estate valuation to the Board relating to determination of Fair Market Value of real estate and personal and business personal property in Jackson County.
2. Hearing Officer shall work as an independent contractor and not as an employee of the Board or of Jackson County. Hearing Officer shall be subject to the direction of the Board only as to the need to produce results relating to valuation and not as to the means and methods for accomplishing the result. Hearing Officer shall report all earnings received hereunder as gross income, and be responsible for its own Federal, State, and City withholding taxes and all other taxes, and operate its business independent of the business of the Board except as required by this Agreement.
3. This Agreement shall commence upon its execution and continue until December 31, 2019, unless sooner terminated. Hearing Officer or the Board may terminate this Agreement by giving five (5) days' written notice to the other party. Termination of this Agreement shall not constitute a waiver of the rights or obligations which Board or Hearing Officer may be entitled to receive or be obligated to perform under this Agreement. Should this Agreement terminate, all books, brochures, fliers, lists, and all other Board materials must be delivered and returned by the Hearing Officer to the Board within three (3) days of the demand of the Board.



4. The Board shall pay Hearing Officer a total amount not to exceed \$5,000.00 for services rendered under this agreement at the rates set out in Exhibit A. Hearing Officer shall sign a daily time card verifying the actual time in and out for actual services rendered by Hearing Officer. Hearing Officer shall also submit to the Board a weekly time sheet as a billing statement for services, and Board shall pay Hearing Officer once per calendar month upon receipt of Hearing Officer's statement(s).
  
5. Hearing Officer shall use best efforts to assist the BOARD during the 2019 Tax assessment appeal season by performing the following work and services:
  - a. Attend an annual training meeting to be held before the hearings start; and
  - b. Hear evidence and make recommendations to the BOARD regarding appeals of the assessment of property value by the Assessor; and
  - c. Prepare written recommendations, findings, summaries, or similar documents when requested by the BOARD in such format as the BOARD may request; and
  - d. Advise Taxpayer and/or Taxpayer's agent of the Hearing Officer's proposed recommendation to the BOARD, and advise Taxpayer and/or Taxpayer's agent of the right to appeal to the BOARD; and
  - e. Prepare memorandums, property reviews and reports as requested by the BOARD, and provide such other services the BOARD shall request consistent with Hearing Officer's skills, training, and experience.
  - f. The Hearing Officer further understands that the work schedule may change each week and that some weeks there may be as many as four or five days of hearing scheduled and other weeks there may be none or only one or two days scheduled. Hearing officer agrees to communicate possible schedule conflicts as soon as they are known to make sure that adequate coverage can be made by the Board.
  - g. The Hearing Officer also understands that all Jackson County personal property, business personal property and real estate taxes must be paid and kept current during the entire time this Agreement is in place. Failure to keep all accounts current will result in termination.

6. Hearing Officer promises, covenants, and agrees, in addition to all other provisions contained herein that during the term of this Agreement, and for a period of six (6) months thereafter, Hearing Officer shall not do either of the following:
  - a. assign any portion or the whole of this contract without the prior written consent of the Board;
  - b. utilize the form or substance of any Agreement or documents of every description used in any and all business operations of the Board.
7. In the event Hearing Officer breaches this provision the Board shall be entitled to collect any and all profits, gains, benefits and properties of every description received by Hearing Officer as a result of said breach. Further, the Board shall be entitled to collect any and all profits, gains, benefits, and properties of every description received by Hearing Officer as a result of said breach; and,
8. Hearing Officer promises, covenants, and agrees to faithfully observe and perform all of the terms, provisions and requirements of this Agreement and Hearing Officer's failure to so observe and perform in accordance with said terms, provisions, and requirements of this Agreement shall represent and constitute a breach of this Agreement and in such event, Hearing Officer consents and agrees as follows:
  - a. The Board may without prior notice to Hearing Officer immediately terminate this Agreement; and
  - b. In addition to the foregoing, the Board shall be entitled to petition and receive from any Court a temporary and/or permanent injunction against Hearing Officer.
9. In addition to all of the foregoing, the Board shall be entitled to collect from Hearing Officer all costs incurred by the Board as a result of said breach including reasonable attorney's fees, reasonable accountant's fees, investigation expenses, court costs and sheriff's mileage and service fees without limitation by enumeration.
10. If any covenant or other provision of this Agreement is invalid, or incapable of being enforced, by reasons of any rule of law or public policy, all other conditions and provisions of this Agreement shall nevertheless remain in full force and effect and no covenant or provision shall be deemed dependent upon any other covenant

or provision unless so expressed herein.

11. This Agreement incorporates the entire understanding and agreement of the parties.

IN WITNESS WHEREOF, the parties hereto have signed and executed this Agreement on the date first above written.

  
Hearing Officer

  
Christopher R. Smith, Chairman

Approved as to Form:

  
Jackson County Counselor

#### Exhibit A

The Hearing Officer shall be responsible for completing all dockets assigned on the date the docket is scheduled.

Successful completion of a full docket shall entitle Hearing Officer to a payment of \$300.00 for that day's docket.


Should any scheduled docket only be set in a morning time frame or an afternoon time frame, the payment for successful completion of the hearing docket will be \$150.00 for the Hearing Officer for that one-half day's docket.

**REVENUE CERTIFICATE**

I hereby certify that there is a balance otherwise encumbered to the credit of the appropriation to which this contract is chargeable, and a cash balance otherwise unencumbered in the treasury from which payment is to be made, each sufficient to provide for the obligation of \$5,000.00 which is hereby authorized.

ACCOUNT NUMBER: 045 5007 56790  
ACCOUNT TITLE: Assessment Fund  
Board of Equalization  
Other Contractual Svc.

10-17-2019  
Date

  
\_\_\_\_\_  
Chief Administrative Officer  
*Director of Finance*  
5007 2019 011  
MR

# Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**1** Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
 CATHERINE S. CHESEN

**2** Business name/disregarded entity name, if different from above  
 CATHERINE CHESEN, LLC

**3** Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ S

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

**4** Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
 (Applies to accounts maintained outside the U.S.)

**5** Address (number, street, and apt. or suite no.) See instructions.  
 3326 KARNES BLVD.

**6** City, state, and ZIP code  
 Kansas City, MO 64111

**7** List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Social security number**

				-			-				
--	--	--	--	---	--	--	---	--	--	--	--

or

**Employer identification number**

8	3	-	3	0	5	6	4	8	1
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**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign Here**    Signature of U.S. person ▶     Date ▶ 10/4/19

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
  - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
  - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
  - Form 1099-S (proceeds from real estate transactions)
  - Form 1099-K (merchant card and third party network transactions)
  - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

- Form 1099-INT (interest earned or paid)



**BOARD OF EQUALIZATION  
LEVEL OF EXPERIENCE FORM**

NAME: CATHERINE S. CHESEN  
HOME ADDRESS: 3326 Karnes Blvd. Kc, mo. 64111  
BUSINESS NAME & ADDRESS: Catherine Chesen, LLC  
SOCIAL SECURITY NUMBER: Fed. I.D.#: 83-3056481  
EMAIL ADDRESS: chesenteam@gmail.com  
HOME TELEPHONE: —  
BUSINESS TELEPHONE: 816-698-5333 CELL TELEPHONE: 816-853-3979  
REAL ESTATE EXPERIENCE:  SALES  BROKER  APPRAISER  BUILDER  
 DEVELOPER LENDING/OFFICER  HOMEOWNER/INVESTOR

Additional experience (please explain):

Broker/Salesperson in MO. for 25 yrs. Salesperson in KS. for 25 yrs  
owner of an investigative consumer reporting agency checking out rental applicati  
Masters in Speech Pathology - 1978 - 1984 for owner's/mgrs. of rental properties - 1984 -  
CERTIFICATION/EDUCATION: Member of MO Realtor Assoc., MLS, CRS 1992

ARE JACKSON COUNTY TAXES PAID CURRENT?  YES  NO

\*taxes include the following: real estate, business personal property, and individual personal property

SIGNATURE:  DATE: 9/27/19

PLEASE RETURN TO:

JACKSON COUNTY COURTHOUSE  
BOARD OF EQUALIZATION – RM 102  
415 E. 12<sup>TH</sup> STREET  
KANSAS CITY, MO 64106  
Email: [boardofequalization@jacksongov.org](mailto:boardofequalization@jacksongov.org)



# JACKSON COUNTY JOINT GOVERNMENTAL TAX PAYMENT RECEIPT

COPY

RECEIPT NUMBER: 11422167

Page 1 of 1

Entered: 9/27/2019 10:48 AM

Cashier: bailcar

Printed By: BAILCAR

Interest Date: 9/27/2019

Drawer: 138

Receipt Applied To:

Property Account No.	Year	District	Amount Applied	Unpaid Balance*	Description
094016622	2018	001	\$170.06	\$0.00	Property Tax Principal
	2018	001	\$22.96	\$0.00	Property Tax Interest
	2018	001	\$5.79	\$0.00	Chapter 52 Fee
	2018	001	\$9.65	\$0.00	Chapter 141 Fee
<b>Amount Applied for Tax Year 2018</b>			<b>\$208.46</b>	<b>\$0.00</b>	<b>Unpaid Balance Amount for Tax Year 2018</b>

Agency	Amount
JACKSON COUNTY	\$14.3767
KANSAS CITY LIBRARY	\$10.3833
KANSAS CITY SCHOOL #33	\$101.6781
CITY - KANSAS CITY	\$34.4052
BOARD OF DISABLED SERVICES	\$1.4760
METRO JUNIOR COLLEGE	\$4.7253
MENTAL HEALTH	\$2.4006
STATE BLIND PENSION	\$0.6150

Description of Property:

Make:	FORD	Item Type:	AUTO
Model:	FUSION	1st Name on Title:	CHESEN CATHERINE S
Model Series:	SEL	2nd Name on Title:	
Year:	2012	Plate:	
		Serial No./VIN:	3FAHP0JA1CR331850

Situs Address: 3326 KARNES BLVD, KANSAS CITY

**Total Paid on This Receipt: \$208.46**

Thank you for your payment.

Run: 9/27/2019 10:48:41 AM

End of Receipt Number 11422167: 1 Page

[ascend30]

Notes:

\*Interest and penalty will be assessed on any unpaid balance amount. The unpaid balance amount shown on this receipt is valid as of time of payment. Changes in the taxable value may alter your unpaid balance amount.

Failure of this payment to clear your financial institution will void this receipt. A returned item fee and late penalty may be assessed. Please verify with your financial institution that this payment has cleared.

PAYER:  
CHESEN CATHERINE S  
3326 KARNES BLVD  
KANSAS CITY MO 64111

OWNER:  
CHESEN CATHERINE S  
3326 KARNES BLVD  
KANSAS CITY MO 64111



9/27/2019 10:48 AM Central Standard Time

**COPY**



Customer Name **CHESEN/CATHERINE S**

Effective Date

9/27/2019

Approved 20036652

Item	Amount
Property Tax Payment	\$208.46
<b>Subtotal:</b>	<b>\$208.46</b>
Transaction Fee:	\$3.13
<b>Total Charged to:</b> 412758 **** 4876 12/20	<b>\$211.59</b>
<b>Total Amount Paid:</b>	<b>\$211.59</b>

Collection Mode: POS (scanned)

**Payment Details**

Property Tax Payment

Account Number: \*\*\*\*6622 - Name on Account: CHESEN CATHERINE S - CHESEN/CATHERINE S - \$208.46

A Transaction Fee has been included in the total amount paid for this transaction.

**2018 JOINT GOVERNMENTAL INDIV. PERSONAL PROPERTY TAX STATEMENT**

Parcel Number: 094016622

PIN: 106767

Description	VALUES	
	2017	2018
Personal Property	\$2,690	\$2,050
Taxable Value Total	\$2,690	\$2,050
Assessed Value Total	\$2,690	\$2,050

PROPERTY TAX PRINCIPAL DISTRIBUTION	
Agency	Amount
BOARD OF DISABLED SERVICES	\$1.48
CITY - KANSAS CITY	\$34.41
JACKSON COUNTY	\$14.38
KANSAS CITY LIBRARY	\$10.38
KANSAS CITY SCHOOL #33	\$101.68
MENTAL HEALTH	\$2.40
METRO JUNIOR COLLEGE	\$4.73
STATE BLIND PENSION	\$0.60

Lender:

Owner: CHESEN CATHERINE S  
3326 KARNES BLVD  
KANSAS CITY MO 64111

Interest Date: 9/25/2019

Printed Date: 9/25/2019

Location: 3326 KARNES BLVD

TCA: 001

TAXES AND SPECIAL ASSESSMENTS			
Year	Description	Amount Assessed	Balance Due
2018	Property Tax Principal	\$170.06	\$170.06
2018	Property Tax Interest	\$22.96	\$22.96
2018	Chapter 52 Fee	\$5.79	\$5.79
2018	Chapter 141 Fee	\$9.65	\$9.65
<b>Total Delinquent for Tax Year 2018</b>			<b>\$208.46</b>
<b>Total Taxes and Assessments</b>			<b>\$208.46</b>

Comment:

Description of Property (DO NOT PAY IF INCORRECT)	Purchase Year	Assessed Value
AUTO: 2012 FORD FUSION SEL [Serial No./VIN: 3FAHP0JA1CR331850] [Name(s) on Title: CHESEN CATHERINE S]		\$2,050

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

Printed Date: 9/25/2019

Interest Date: 9/25/2019

Total Delinquent for Tax Year 2018 \$208.46



NAME AND ADDRESS CHANGE
NAME
STREET APT NO.
CITY STATE ZIP



**DELINQUENT AFTER DECEMBER 31, 2018**

**MAKE CHECKS PAYABLE TO: JACKSON COUNTY COLLECTOR**  
COLLECTION DEPARTMENT Phone: (816)881-3232  
415 E. 12TH STREET.  
KANSAS CITY, MISSOURI 64106-8401

Owner: CHESEN CATHERINE S

**Total Taxes and Assessments: \$208.46**

Acct. Type: Indiv. Personal Property

Account: 094016622

CHESEN CATHERINE S  
3326 KARNES BLVD  
KANSAS CITY MO 64111

094016622 208.46