

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

In re: **361-0664-113-1**
 310 W. Wisconsin Av.
 Federal Plaza Associates

Year: 2003

Amount of Assessment Reduction: \$6,505,000

Amount of Tax Reduction: \$170,231.30

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

F

Signed: Federal Plaza Associates Limited Partnership
By Gleischman Sumner Co., Inc. Managing Agent

By: Mark Sumner, Exec. V.P.
Date: 3/25/04

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**.

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

In re: **361-0664-113-1**
 310 W. Wisconsin Av.
 Federal Plaza Associates

Year: 2002

Amount of Assessment Reduction: \$8,958,000

Amount of Tax Reduction: \$244,060.73

As the result of action by the Board of Review, the assessment of my property was reduced as indicated above. Under Section 70.511 (2)(b) of the Wisconsin Statutes, I hereby make application to your Honorable Body for a tax refund/reduction in the amount shown.

Federal Plaza Associates Limited Partnership
Signed: By: Gleichman Sumner Co., Inc. Managing Agent
By: Mark Sumner Exec. V.P.
Date: 3/25/04

Federal laws require that Form 1099 be filed by the City Comptroller's Office at the year end for payment of earned interest. The Tax Equity and Fiscal Responsibility Act of 1982 has increased the penalties for non-compliance.

Therefore, on the enclosed Form W-9, we request that you furnish us with the **Social Security Number** and the **signature** of the person listed first on the name line **OR** the **Employer I.D. Number** of the business and the appropriate person's **signature**.