

TO THE HONORABLE, THE COMMON COUNCIL

City of Milwaukee

Dear Members of the Common Council:

In re: **307-0805-200-7**
5025 W BURLEIGH ST
WHEATON FRANCISCAN HEALTH CARE

Year: 2015

Amount of Assessment Reduction: \$106,000

Amount of Tax Reduction: \$3,111.84

As the result of an agreement between the Assessor's Office and the Owner's attorney, 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.

Signed: *Olga A. Ritter, Tax Mgr*
Date: 4-13-2016

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**.

Please verify below to whom refund is to be made out to and what address it is to be mailed to if different from objection form.

PAYEE: Wheaton Franciscan Healthcare MAILING ADDRESS: c/o Liz Ritter
400 W. River Woods Pkwy
Glendale, WI 53212

Pursuant to § 70.511(2) (b) if forms are returned on or before November 1, 2016, your refund is payable on or before January 31st, 2017. After November 1, 2016, refund is payable by January 31st, 2017.