File this form with the county treasurer.

County	
Case no	

DTE 23A Rev. 10/17

## **Application for the Remission of Real Property and Manufactured Home Late-Payment Penalties (R.C. 5715.39)**

Taxpayer Instructions: Complete the front of this form and f Attach a copy of all evidence to the form, complete the name form. If penalties have accrued for more than one late payment filed for each penalty. Please send completed form to the county the property is located. (The county treasurer may insert his or he taxpayer may obtain the address at ohiocountytreasurers.org.)	and address blank and sign the s, a separate application must be treasurer of the county in which	Date Received by Treasurer  Date Received by Auditor
Owner of property	Parcel or I.D.# of property	
Property tax type: Real Manufactured home	Tax year First h	nalf Second half
Amount of penalty \$	- ☐ 5% penalty ☐ 10% penalty	
Date taxes were due Date taxes and interest were		
Please check <u>all</u> the reasons the pena	·	
Tax was not paid by due date because of negligence or error of	of the auditor or treasurer (explain be	low).
Taxpayer did not receive a tax bill or a correct tax bill and atter	mpted to obtain one on (date)	
Tax was not timely paid because of serious injury, death or ho but was paid within 60 days after the due date. Taxpayer must		60 days preceding the due date),
Tax payment was mailed on or before due date (submit evider a valid postmark for establishing the payment date.	nce of timely mailing). A private meter	postmark on the envelope is not
Taxpayer did not receive a tax bill because the mortgage lended bill was not sent to the taxpayer. The penalty waiver applies of		
Taxpayer's failure to make timely payment of the tax was due	to reasonable cause and not willful n	eglect (explain below).
Taxpayer statement (use additional pages if necessary):		
Print name and address below	I declare under penalties of perj and complete.	ury that this report is true, correct
Name	Taxpayer signature	
Address	Daytime phone number	 Date
City State ZIP	F-mail address	

## **County Treasurer Instructions**

Review the form for completeness and verify the accuracy of the penalty amount and date that taxes were due and paid. **If the taxpayer has a late payment history, include the amount(s) and tax period(s) for the preceding three years.** Retain a copy of the application for your records. Forward the completed application with any attachments to the county auditor.

The county treasurer should check all that apply:	
change of address from someone other than the property  Taxpayer failed to receive a tax bill or a correct bill and made	ounty officer (explain below). This would include the treasurer accepting a owner.  a good faith effort to obtain the bill within 30 days after the due date.
	th or hospitalization of the taxpayer within 60 days preceding the due date,
but was paid within 60 days after the due date.  Date of death or hospitalization	Date of navment
☐ Taxpayer demonstrated that timely payment was mailed. A	private meter postmark is not valid for establishing the date of payment. ty taxes owed by the taxpayer during the preceding three years.
Treasurer's comments (include late payment history for the payment history for	preceding three years)
Recommendation: Grant Deny Signature of treasure	rer Date
County A	Auditor Instructions
the corresponding box. The auditor cannot use reasonab remission, the auditor must deliver the application to the B	on the form to remit the penalty even if the taxpayer has not checked le cause to remit a late payment penalty. If the auditor does not grant loard of Revision for consideration. If the auditor grants remission, the ting the section below and returning a copy of the form to the taxpayer.
Decision of	of the County Auditor
Before the county auditor, the remission is hereby: Date:  Granted Denied -	
A copy of this decision was mailed to the taxpayer on:	Signature of county auditor
_	Date
Board of F	Revision Instructions
late payment was due to the first five reasons on the form or re-	, the board must review the request for remission to determine whether the asonable cause and not the willful neglect of the taxpayer. The board must ant is not the owner) of its decision by completing the section below er by certified mail.
Decision of	the Board of Revision
Before the Board of Revision, the remission is hereby:  Granted Denied	Date:
A copy of this decision was mailed to the taxpayer on:	Signature of clerk of the Board of Revision
If the application is denied, state the reason for denial (use ad	lditional pages if necessary):

## Instructions for Appeal to Board of Tax Appeals

The taxpayer has thirty (30) days from the mailing of the Board of Revision's decision to appeal to the Board of Tax Appeals. The requirements for a proper appeal to the Board of Tax Appeals are contained in R.C. 5717.01, which include filing through an online process. If the taxpayer does not follow all the mandatory requirements to appeal, the taxpayer may lose his right to appeal. DTE Form 4 has been prescribed for this purpose and an electronic copy may be found on the Board of Tax Appeal's website. You must also send the Board of Revision a copy of the notice of appeal. The mailing address of the Board of Tax Appeals is 30 East Broad Street, 24th Floor Columbus, Ohio 43215-3414. Its website is: bta.ohio.gov. Please contact the Board of Revision to determine the acceptable methods of notification of an appeal.