County Case no		File this form with the county treasurer.		DTE 23A	
				Rev. 10/17	
Application for the Re	mission of Real	Property	and		
Manufactured Home Late-Payment Penalties (R.C. 5715.39)					
<b>Taxpayer Instructions: Complete the front of this form an</b> Attach a copy of all evidence to the form, complete the na form. If penalties have accrued for more than one late payn filed for each penalty. Please send completed form to the co the property is located. (The county treasurer may insert his taxpayer may obtain the address at ohiocountytreasurers.or	me and address blank and nent, a separate application unty treasurer of the count or her name and address h	d sign the n must be y in which	Date Received	l by Treasurer	
			Date Receive	ed by Auditor	
Owner of property	Parcel or I.D.# of pro	operty			
Property tax type: Real Manufactured home	Tax year First half Second half				
Amount of penalty \$	5% penalty 10% penalty				
Date taxes were due Date taxes and interest w	were paid D	ate entered into	a payment plar	۱	
Please check <u>all</u> the reasons the <b>j</b>	penalty should be remitte	d and explain b	elow.		
Tax was not paid by due date because of negligence or er	ror of the auditor or treasu	rer (explain belov	w).		
Taxpayer did not receive a tax bill or a correct tax bill and a	attempted to obtain one on	(date)			
Tax was not timely paid because of serious injury, death or but was paid within 60 days after the due date. Taxpayer r			days preceding	the due date),	
Tax payment was mailed on or before due date (submit ev a valid postmark for establishing the payment date.	idence of timely mailing). A	private meter po	ostmark on the e	envelope is not	
Taxpayer did not receive a tax bill because the mortgage le bill was not sent to the taxpayer. The penalty waiver applie					
Taxpayer's failure to make timely payment of the tax was	due to reasonable cause a	nd not willful neg	lect (explain be	low).	
Taxpayer statement (use additional pages if necessary):					
Print name and address below	I declare under pe and complete.	nalties of perjury	y that this repor	t is true, correct	
Name	Taxpayer signature	9			
Address	Daytime phone nu	mber	Date		
City State ZIP	E-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:

Penalty accrued because of the negligence or error of a county officer (explain below). This would include the treasurer accepting a change of address from someone other than the property owner.					
Taxpayer failed to receive a tax bill or a correct bill and made a good faith effort to obtain the bill within 30 days after the due date. Date of request					
	or hospitalization of the taxpayer within 60 days preceding the due date,				
<ul> <li>Taxpayer demonstrated that timely payment was mailed. A private meter postmark is not valid for establishing the date of payment.</li> <li>Taxpayer has not made a late payment for any real property taxes owed by the taxpayer during the preceding three years.</li> <li>Treasurer's comments (include late payment history for the preceding three years)</li> </ul>					
Recommendation: Grant Deny Signature of treasurer	Date				
County Aug	ditor Instructions				
The auditor must consider each of the first five reasons on the form to remit the penalty even if the taxpayer has not checked the corresponding box. The auditor cannot use reasonable cause to remit a late payment penalty. If the auditor does not grant remission, the auditor must deliver the application to the Board of Revision for consideration. If the auditor grants remission, the auditor must notify the taxpayer of its decision by completing the section below and returning a copy of the form to the taxpayer.					
Decision of the County Auditor					
Before the county auditor, the remission is hereby: Date:					
A copy of this decision was mailed to the taxpayer on:	Signature of county auditor				
	Date				
Board of Revision Instructions					
late payment was due to the first five reasons on the form or reason	te board must review the request for remission to determine whether the bnable cause and not the willful neglect of the taxpayer. <b>The board must</b> is not the owner) of its decision by completing the section below by certified mail.				
Decision of th	e Board of Revision				
Before the Board of Revision, the remission is hereby: D	ate:				
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 addition	ional pages if necessary): Date				

## 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.