DTE 23A Rev. 09/17

## File this form with the county treasurer.

County	
Case no.	

## 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 file it with the county treasurer.  Attach a copy of all evidence to the form, complete the name and address blank and sign the form. If penalties have accrued for more than one late payment, a separate application must be filed for each penalty. Please send completed form to the county treasurer of the county in which the property is located. (The county treasurer may insert his or her name and address here or the taxpayer may obtain the address at ohiocountytreasurers.org.)			Date Received by Treasurer		
					Date Received by Auditor
Owner of property			Parcel or I.D.# of property_		
Property tax type: Real	Manufactured home	e	Tax year	First h	alf Second half
Amount of penalty \$			_	nenalty	
Date taxes were due					to a payment plan
			ty should be remitted and		
☐ Tax was not paid by due date b	<del></del>	•	-	•	
☐ Taxpayer did not receive a tax			, ,		•
	se of serious injury, o	death or hos	pitalization of the taxpayer (v		0 days preceding the due date),
Tax payment was mailed on or a valid postmark for establishin			e of timely mailing). A private	meter	postmark on the envelope is not
Taxpayer did not receive a tax bill was not sent to the taxpaye					mortgage was satisfied and the of the mortgage.
☐ Taxpayer's failure to make time	ly payment of the ta	x was due to	reasonable cause and not v	villful ne	eglect (explain below).
Taxpayer statement (use addition	al pages if necessar	ry):			
Print name and address below			I declare under penalties and complete.	of perju	ury that this report is true, correct
Name			Taxpayer signature		
Address			Daytime phone number		Date
City S	itate ZIP	<b>)</b>	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:						
<ul> <li>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.</li> <li>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.</li> </ul>						
	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.