File this form w	ith the	
County Treasurer.		

City

State

ZIP

County	<u>Fairfield</u>	
Case no		

DTE 23A Rev. 10/17

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

Address	Daytime phone number Date
Print name and address below:	I declare under penalties of perjury that this report is true, correct and complete.  X  Taxpayer signature
Taxpayer statement (use additional pages if necessary):	
Taxpayer's failure to make timely payment of the tax was due to	reasonable cause and not willful neglect (explain below).
the bill was not sent to the taxpayer. The penalty waiver applies	
Tax payment was mailed on or before due date (submit evidence a valid postmark for establishing the payment date.	e of timely mailing). A private meter postmark on the envelope is not
Tax was not timely paid because of serious injury, death or hosp but was paid within 60 days after the due date. Taxpayer must s	oitalization of the taxpayer (within 60 days preceding the due date), ubmit proof of the above.
Taxpayer did not receive a tax bill or a correct tax bill and attempt	oted to obtain one on (date)
Tax was not paid by due date because of negligence or error of	•
·	y should be remitted and explain below.
Amount of penalty \$ 5% penalty 10%  Date taxes were due Date taxes and interest were p	6 penalty Tax year First half Second half
Parcel or I.D.# of property	Property tax type: Real Manufactured home
Owner(s) of property	
James N. Bahnsen Treasurer of Fairfield County 210 E. Main St., Room 105 Lancaster, OH 43130-3876	Date Received by Additor
Please send the completed form to the County Treasurer's office:	Date Received by Auditor
Complete the front of this form and file it with the County To Attach a copy of all evidence to the form, complete the na address blank and sign the form. If penalties have accrued for none late payment, a separate application must be filed for each	ame and nore than
Taxpayer Instructions:	Date Received by Treasurer

E-mail address

## **Instructions to County Treasurer**

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 o 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</li> </ul>	officer (explain below). This would include the treasurer accepting a faith effort to obtain the bill within 30 days after the due date.
Date of request	spitalization of the taxpayer within 60 days preceding the due date,
Date of death or hospitalization	Date of payment
Taxpayer demonstrated that timely payment was mailed. A private	
Taxpayer has not made a late payment for any real property taxes	
Treasurer's comments (include late payment history for the precedir	ng three years)
Recommendation: Grant Deny Signature of Treasurer	Date
Instructions to	County Auditor
The Auditor must consider each of the first five reasons on the f the corresponding box. The Auditor cannot use reasonable ca grant remission, the Auditor must deliver the application to th remission, the Auditor must notify the taxpayer of its decision form to the taxpayer.  Decision of the	use to remit a late payment penalty. If the Auditor does not be Board of Revision for consideration. If the Auditor grants
Before the County Auditor, the remission is hereby:	
Granted Denied Date:	Signature of County Auditor
A copy of this decision was mail	ed to the taxpaver on:
.,	Date
Instructions to B	oard of Revision
If the Auditor forwards the application to the Board of Revision, the bethe late payment was due to the first five reasons on the form or reboard must notify the applicant and the property owner (if the assection below and returning a copy of the completed form to the	easonable cause and not the willful neglect of the taxpayer. The applicant is not the owner) of its decision by completing the
Decision of the B	Board of Revision
Before the Board of Revision, the remission is hereby:	
Granted Denied Date:	Signature of Clerk of the Board of Revision
A copy of this decision was maile	d to the taxpayer on:
	Date
If the application is denied, state the reason for denial (use additional	pages if necessary):

## Taxpayer 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: bta.ohio.gov.

The mailing address of the Board of Tax Appeals is 30 East Broad Street, 24th Floor Columbus, Ohio 43215-3414.