File this form with the county treasurer.

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 Treasure		ate 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 half	Second half
Amount of penalty \$	_ 5% penalty 10% penalty	
Date taxes were due Date taxes and interest were p	aid Date entered into a	payment plan
Please check <u>all</u> the reasons the penalt	y should be remitted and explain below	ow.
Tax was not paid by due date because of negligence or error of	the auditor or treasurer (explain below).	
Taxpayer did not receive a tax bill or a correct tax bill and attempt	oted to obtain one on (date)	
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		ys preceding the due date),
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 post	mark on the envelope is not
Taxpayer did not receive a tax bill because the mortgage lender bill was not sent to the taxpayer. The penalty waiver applies only		
Taxpayer's failure to make timely payment of the tax was due to	reasonable cause and not willful negled	ct (explain below).
Taxpayer statement (use additional pages if necessary):		
Print name and address below	I declare under penalties of perjury that this report is true, correct and complete.	
Name	Taxpayer signature	
Address	Daytime phone number	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:

	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 goo		
Date of request	d laidt eilort to obtailt the bill within 30 days after the due date.	
Tax was not timely paid because of the serious injury, death or h	ospitalization 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	te meter postmark is not valid for establishing the date of payment.	
Taxpayer has not made a late payment for any real property taxe		
Treasurer's comments (include late payment history for the preced	ling three years)	
Recommendation: Grant Deny Signature of treasurer	Date	
County Auditor Instructions		
the corresponding box. The auditor cannot use reasonable cau remission, the auditor must deliver the application to the Board	form to remit the penalty even if the taxpayer has not checked use to remit a late payment penalty. If the auditor does not grant of Revision for consideration. If the auditor grants remission, the e 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:		
Granted Denied		
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 reasona	oard must review the request for remission to determine whether the ble cause and not the willful neglect of the taxpayer. The board must not the owner) of its decision by completing the section below certified mail.	
Decision of the E	Board of Revision	
Before the Board of Revision, the remission is hereby: Date	:	
Granted Denied		
	Signature of clerk of the Board of Revision	
A copy of this decision was mailed to the taxpayer on:		

If the application is denied, state the reason for denial (use additional pages if necessary):

Instructions for Appeal to Board of Tax Appeals

Date

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.