DTE 23A Rev. 10/15

## 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 thi Attach a copy of all evidence to the form, comple form. If penalties have accrued for more than one filed for each penalty. Please send completed form the property is located. (The county treasurer may it taxpayer may obtain the address at ohiocountytreasurer may it is considered.)	ete the name and address blank and sign the late payment, a separate application must be not the county treasurer of the county in which insert his or her name and address here or the	Date Received by Treasurer  Date Received by Auditor
Owner of property	Parcel or I.D.# of property	
		_
Property tax type: Real Manufactured ho		_
Amount of penalty \$		
Date taxes were due Date taxes and	·	
	sons the penalty should be remitted and expla	
<ul><li>Tax was not paid by due date because of neglige</li><li>Taxpayer did not receive a tax bill or a correct tax</li></ul>		•
☐ Tax was not timely paid because of serious injury but was paid within 60 days after the due date. T	ry, death or hospitalization of the taxpayer (within	
Tax payment was mailed on or before due date (sa valid postmark for establishing the payment date)		er postmark on the envelope is not
Taxpayer did not receive a tax bill because the n bill was not sent to the taxpayer. The penalty wai		
☐ Taxpayer's failure to make timely payment of the	e tax was due to reasonable cause and not willful	neglect (explain below).
Taxpayer statement (use additional pages if necess	ssary):	
Print name and address below	I declare under penalties of pe and complete.	erjury that this report is true, correct
Name	Taxpayer signature	
Address	Daytime phone number	Date
City State 2	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:	
change of address from someone other than the property o	
Date of request	a good faith effort to obtain the bill within 30 days after the due date.
Tax was not timely paid because of the serious injury, death but was paid within 60 days after the due date.	or hospitalization of the taxpayer within 60 days preceding the due date,
	Date of payment
	private meter postmark is not valid for establishing the date of payment. It taxes owed by the taxpayer during the preceding three years.
Treasurer's comments (include late payment history for the payment history for	receding three years)
Recommendation: Grant Deny Signature of treasure	r Date
The auditor must consider each of the first five reasons on the auditor <u>cannot</u> use reasonable cause to remit a late payment p not granted for another reason, the auditor <u>must</u> deliver the ap not check the reasonable cause box, and the auditor determined deliver the application to the Board of Revision for a determination the penalties. Any decision regarding reasonable cause must be	e form to remit the penalty whether or not checked by the taxpayer. The enalty. If the taxpayer checks the reasonable cause box and remission is plication to the Board of Revision for consideration. If the applicant does es that none of the other five reasons is applicable, then the auditor may on on reasonable cause, if the auditor believes it is a valid reason to remit be made by the Board of Revision. If the auditor does not forward the fy the taxpayer of its decision by completing the section below and
Decision of	the County Auditor
	the sounty reactor
☐ Granted ☐ Denied	
	Signature of county auditor
A copy of this decision was mailed to the taxpayer on:	J m i i i i j
A copy of this decision was mailed to the taxpayer on.	Date
If the application is denied, state the reason for denial (use add	itional pages if necessary):
If the auditor forwards the application to the Board of Revision,	evision Instructions the board must review the request for remission to determine whether the glect of the taxpayer. The board must notify the taxpayer of its decision he completed form to the taxpayer.
	he Board of Revision
Before the Board of Revision, the remission is hereby:	Date:
☐ Granted ☐ Denied	
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 add	itional pages if necessary):  Date

Taxpayer's Right of Review

Within 60 days after the decision of the county auditor or board of revision is mailed, the taxpayer may apply to the tax commissioner to review the denial of the penalty remission by the auditor or board. The tax commissioner must receive the appeal by the 60th day following the day the county's decision is mailed. However, if the appeal is mailed by certified mail the date of the U.S. postmark placed on your receipt by the postal service will be treated as the date filed. The taxpayer should apply for review in the form of a letter to the tax commissioner and include a copy of the denial issued by the auditor or board of revision, the DTE form 23A returned by the auditor or the board that indicates the decision and copies of attachments filed with the original form. Send the request for review to the Ohio Department of Taxation, Tax Equalization Division, P.O. Box 530, Columbus, Ohio 43216-0530.