File this form with the	DT Re
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 Attach a copy of all evidence to the form, complete the name ar form. If penalties have accrued for more than one late payment, a filed for each penalty. Please send completed form to the county true property is located. (The county treasurer may insert his or her taxpayer may obtain the address at ohiocountytreasurers.org.)	nd address blank and sign the separate application must be reasurer of the county in which	Date 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 b	elow.
Tax was not paid by due date because of negligence or error of	the auditor or treasurer (explain below	v).
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		days 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 po	stmark 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 negl	lect (explain below).
Taxpayer statement (use additional pages if necessary):		
Print name and address below	I declare under penalties of perjury and complete.	that this report is true, correct
Name	Taxpayer signature	
Address	Daytime phone number	Date Date

City

State

ZIP

E-mail address

DTE 23A Rev. 10/17

## **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	county officer (explain below). This would include the treasurer accepting a owner. e 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, dea	ath 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 payment A private meter postmark is not valid for establishing the date of payment.	
	rty taxes owed by the taxpayer during the preceding three years.	
Treasurer's comments (include late payment history for the		
Recommendation: ☐ Grant ☐ Deny Signature of treasu	ırer Date	
Country	Auditor Instructions	
County	Auditor Instructions	
the corresponding box. The auditor cannot use reasonal remission, the auditor must deliver the application to the	on the form to remit the penalty even if the taxpayer has not checked ble cause to remit a late payment penalty. If the auditor does not grant Board of Revision for consideration. If the auditor grants remission, the sting 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:  Granted Denied		
A copy of this decision was mailed to the taxpayer on:	Signature of county auditor	
•	Date	
Board of	Revision Instructions	
If the auditor forwards the application to the Board of Revision, the board must review the request for remission to determine whether the late payment was due to the first five reasons on the form or reasonable cause and not the willful neglect of the taxpayer. The board must notify the applicant and the property owner (if the applicant is not the owner) of its decision by completing the section below and returning a copy of the completed form to the taxpayer by certified mail.		
Decision of the 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 additional 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.