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)

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	half Second half
Amount of penalty \$		tv
Date taxes were due Date taxes and int		
	s the penalty should be remitted and expla	
☐ Tax was not paid by due date because of negligence	ce or error of the auditor or treasurer (explain b	elow).
☐ Taxpayer did not receive a tax bill or a correct tax bi	ill and attempted to obtain one on (date)	
Tax was not timely paid because of serious injury, of but was paid within 60 days after the due date. Taxp		60 days preceding the due date),
Tax payment was mailed on or before due date (suba valid postmark for establishing the payment date.		er postmark on the envelope is not
Taxpayer did not receive a tax bill because the mor bill was not sent to the taxpayer. The penalty waive		
☐ Taxpayer's failure to make timely payment of the tax	x was due to reasonable cause and not willful	neglect (explain below).
Taxpayer statement:		
Print name and address below	I declare under penalties of per and complete.	rjury that this report is true, correct
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:	
change of address from someone other than the propert Taxpayer failed to receive a tax bill or a correct bill and mad Date of request	de 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, de but was paid within 60 days after the due date. Date of death or hospitalization	ath or hospitalization of the taxpayer within 60 days preceding the due date, Date of payment
☐ Taxpayer demonstrated that timely payment was mailed.	A private meter postmark is not valid for establishing the date of payment. erty taxes owed by the taxpayer during the preceding three years.
Treasurer's comments (include late payment history for the	e preceding three years)
Recommendation: ☐ Grant ☐ Deny Signature of treas	urer Date
County	Auditor Instructions
the corresponding box. The auditor cannot use reasona 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 eting 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
late payment was due to the first five reasons on the form or r	n, the board must review the request for remission to determine whether the easonable cause and not the willful neglect of the taxpayer. The board must cant is not the owner) of its decision by completing the section below yer by certified mail.
Decision of	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 a	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.