File this form with the county treasurer.

County_____

DTE 23A Rev. 10/17

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

Case no._____

Taxpayer Instructions: Complete the front of this form and Attach a copy of all evidence to the form, complete the nam form. If penalties have accrued for more than one late payme filed for each penalty. Please send completed form to the count the property is located. (The county treasurer may insert his or taxpayer may obtain the address at ohiocountytreasurers.org. James A. Caldwell Guernsey County Treas 627 Wheeling Avenue, S Cambridge, OH 4372	e and address blank and sign the ent, a separate application must be ny treasurer of the county in which her name and address here or the) surer uit 201	Date Received by Treasurer Date Received by Auditor
740-432-9278		
Owner of property		
Property tax type: Real Manufactured home	Tax year First h	nalf
Amount of penalty \$	5% penalty 10% penalty	,
Date taxes were due Date taxes and interest we	ere paid Date entered ir	ito a payment plan
Please check <u>all</u> the reasons the pe	enalty should be remitted and explain	n below.
Tax was not paid by due date because of negligence or error	or of the auditor or treasurer (explain be	low).
Taxpayer did not receive a tax bill or a correct tax bill and at	tempted to obtain one on (date)	
Tax was not timely paid because of serious injury, death or but was paid within 60 days after the due date. Taxpayer mu		0 days preceding the due date),
Tax payment was mailed on or before due date (submit evid a valid postmark for establishing the payment date.	ence of timely mailing). A private meter	postmark on the envelope is not
Taxpayer did not receive a tax bill because the mortgage ler bill was not sent to the taxpayer. The penalty waiver applies		
Taxpayer's failure to make timely payment of the tax was du	ue to reasonable cause and not willful n	eglect (explain below).
Taxpayer statement (use additional pages if necessary):		
Print name and address below	I declare under penalties of perj and complete.	ury 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:

Penalty accrued because of the negligence or error of a co change of address from someone other than the property or	unty officer (explain below). This would include the treasurer accepting a wner.	
Taxpayer failed to receive a tax bill or a correct bill and made a	a good faith effort to obtain the bill within 30 days after the due date.	
Date of request Tax was not timely paid because of the serious injury, death but was paid within 60 days after the due date. Date of death or hospitalization	or hospitalization of the taxpayer within 60 days preceding the due date,	
Taxpayer demonstrated that timely payment was mailed. A p	private meter postmark is not valid for establishing the date of payment. A taxes owed by the taxpayer during the preceding three years.	
Treasurer's comments (include late payment history for the pr	receding three years)	
	Date	
County Auditor Instructions		
the corresponding box. The auditor cannot use reasonable remission, the auditor must deliver the application to the Bo	n the form to remit the penalty even if the taxpayer has not checked e cause to remit a late payment penalty. If the auditor does not grant bard of Revision for consideration. If the auditor grants remission, the ng 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:		
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 reas	the board must review the request for remission to determine whether the sonable cause and not the willful neglect of the taxpayer. The board must nt is not the owner) of its decision by completing the section below r by certified mail.	
Decision of t	he Board of Revision	
Before the Board of Revision, the remission is hereby:	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 add	itional pages if necessary): Date	

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.