File this form	with	the
county trea		

County	
Case no.	

DTE 23A Rev. 10/17

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.)

BARNEY WRIGHT, TREASURER

Warren County Administration Bldg. 406 Justice Dr. Lebanon, Ohio 45036-4389

Date Received by Treasurer
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Date Received by Auditor
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Owner of property		Parcel or I.D.# of property	
Property tax type: Real	Manufactured home	Tax year Fir	st half Second half
Amount of penalty \$			alty
Date taxes were due	Date taxes and interest w	vere paid Date entere	d into a payment plan
Ple	ase check <u>all</u> the reasons the p	penalty should be remitted and exp	lain below.
☐ Tax was not paid by due of	date because of negligence or en	ror of the auditor or treasurer (explain	below).
☐ Taxpayer did not receive	a tax bill or a correct tax bill and a	attempted to obtain one on (date)	·
	ecause of serious injury, death or ys after the due date. Taxpayer n	r hospitalization of the taxpayer (with nust submit proof of the above.	in 60 days preceding the due date),
Tax payment was mailed a valid postmark for estat	on or before due date (submit evi olishing the payment date.	idence of timely mailing). A private me	ter postmark on the envelope is not
		ender failed to notify the treasurer that es only to the first tax bill after satisfac	
☐ Taxpayer's failure to make	e timely payment of the tax was o	lue to reasonable cause and not willfo	ul neglect (explain below).
Taxpayer statement (use ad	lditional pages if necessary):		
Print name and address be	low	I declare under penalties of pand complete.	perjury 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 property	county officer (explain below). This would include the treasurer accepting a owner. 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, dear but was paid within 60 days after the due date.	th or hospitalization of the taxpayer within 60 days preceding the due date,
Taxpaver demonstrated that timely payment was mailed.	Date of payment Date of payment A private meter postmark is not valid for establishing the date of payment.
Taxpayer has not made a late payment for any real proper	ty taxes owed by the taxpayer during the preceding three years.
•	preceding three years)
Recommendation: Grant Deny Signature of treasure	rerDate
County A	Auditor Instructions
the corresponding box. The auditor cannot use reasonab remission, the auditor must deliver the application to the B	on the form to remit the penalty even if the taxpayer has not checked le cause to remit a late payment penalty. If the auditor does not grant loard of Revision for consideration. If the auditor grants remission, the ting the section below and returning a copy of the form to the taxpayer.
Decision of	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 F	Revision Instructions
late payment was due to the first five reasons on the form or rea	, the board must review the request for remission to determine whether the asonable cause and not the willful neglect of the taxpayer. The board must ant is not the owner) of its decision by completing the section belower by certified mail.
Decision 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 add	ditional pages if necessary):
Instructions for A	ppeal 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.