



County _____

Case no. _____

DTE Form 23-A
Rev. 9/03
O.R.C. 5711.33, 5715.39

Application for the Remission of Real Property, Personal Property and Manufactured Home Late-Payment Penalties

Taxpayer Instructions

Complete the front of this form and file this form with the COUNTY TREASURER. Attach a copy of all evidence to the form. Be sure to complete the NAME AND ADDRESS section at the bottom of this page. If penalties have accrued for more than one late payment, a separate application form must be filed for each penalty. The address of each County Treasurer can be found at: www.ctao.com

Please type or print all information clearly.

Date Received by Treasurer

Date Received by Auditor

Property tax type: Real property Personal property Manufactured home

Property owner's name _____

Amount of penalty \$ _____ 5% penalty 10% penalty

Date taxes were due _____ Date taxes were paid _____

Parcel or I.D. number of property _____

Please check all the reasons the penalty should be remitted and explain below. All reasons for remission may not be considered if all the appropriate boxes are not checked.

- Taxpayer did not receive a tax bill or a correct tax bill and attempted to obtain one on (date) _____
- Tax payment was mailed on or before due date (submit evidence of timely mailing). A private meter postmark on the envelope is not a valid postmark for establishing the payment date.
- Tax was not timely paid because of serious injury or death of the taxpayer, or hospitalization of the taxpayer within 60 days preceding the due date, but was paid within 60 days after the due date. Taxpayer must submit proof of the above.
- Tax was not paid by due date because of negligence or error of the Auditor or Treasurer (explain below).
- Taxpayer's failure to make timely payment of the tax was due to reasonable cause and not willful neglect (explain below).

Taxpayer statement (use additional pages if necessary) _____

Print name and address below

I declare under penalties of perjury that this report is true, correct and complete.

Name _____

Taxpayer signature _____

Address _____

(____) _____

Daytime phone number _____ Date _____

City _____ State _____ ZIP code _____

E-mail address (optional) _____