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)

Taxpayer Instructions: Complete the front of this form ar Attach a copy of all evidence to the form, complete the nar form. If penalties have accrued for more than one late paym filed for each penalty. Please send completed form to the couthe property is located. (The county treasurer may insert his county treasurer may obtain the address at ohiocountytreasurers.org	me and address blank and sign the nent, a separate application must be unty treasurer of the county in which or her name and address here or the	Date Received by Treasurer	
Please send Cuyahoga County applications to the following	address:	Date Received by Auditor	
Cuyahoga County Treasurer 2079 East Ninth Street Cleveland OH 44115			
1			
Owner of property	Parcel or I.D.# of property		
Property tax type: Real Manufactured home	Tax year First	<u></u>	
Amount of penalty \$			
Date taxes were due Date taxes and interest w	· · · _ ·		
	enalty should be remitted and explain		
Tax was not paid by due date because of negligence or err	or of the auditor or treasurer (explain be	elow).	
Taxpayer did not receive a tax bill or a correct tax bill and a	ttempted 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 m		60 days preceding the due date),	
Tax payment was mailed on or before due date (submit evid a valid postmark for establishing the payment date.	dence of timely mailing). A private meter	postmark on the envelope is not	
Taxpayer did not receive a tax bill because the mortgage le bill was not sent to the taxpayer. The penalty waiver applies			
Taxpayer's failure to make timely payment of the tax was do	ue to reasonable cause and not willful n	eglect (explain below).	
Taxpayer statement (use additional pages if necessary):			
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Print name and address below	I declare under penalties of perjuand 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 county officer (explain below). This would include the treasurer accepting a change of address from someone other than the property owner. Taxpayer failed to receive a tax bill or a correct bill and made 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 or hospitalization of the taxpayer within 60 days preceding the due date, but was paid within 60 days after the due date. _ Date of payment_ Date of death or hospitalization_ Taxpayer demonstrated that timely payment was mailed. A private meter postmark is not valid for establishing the date of payment. Taxpayer has not made a late payment for any real property taxes owed by the taxpayer during the preceding three years. Treasurer's comments (include late payment history for the preceding three years)_ Signature of treasurer______ Date_____ Recommendation: Grant Deny **County Auditor Instructions** The auditor must consider each of the first five reasons on the form to remit the penalty even if the taxpayer has not checked the corresponding box. The auditor cannot use reasonable cause to remit a late payment penalty. If the auditor does not grant remission, the auditor must deliver the application to the Board of Revision for consideration. If the auditor grants remission, the auditor must notify the taxpayer of its decision by completing 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 Signature of county auditor A copy of this decision was mailed to the taxpayer on: **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 Signature of clerk of the Board of Revision A copy of this decision was mailed to the taxpayer on:

Instructions for Appeal to Board of Tax Appeals

If the application is denied, state the reason for denial (use additional pages if necessary):

Date

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.