

County Treasurer Instructions

5HYLHZ WKH IRUP IRU FRPSOHWHQHVV DQG YHULI\ WKH DFFXUDF\ RI WKH tax payer... has a late payment history, include the amount(s) and tax period(s) for the preceding three years. Retain a copy of the application IRU \RXU UHFRUGV)RUZDUG WKH FRPSOHWHG DSSOLFDWLRQ ZLWK DQ\ DWDFKPHQ

The county treasurer should check all that apply:

F 3HQDOW\ DFFUXHG EHFDXVH RI WKH QHJOLJHQFH RU HUURU RI D FRXQW\ R^FHU F FKDQJH RI DGGUHVV IURP VRPHRQH RWKHU WKDQ WKH SURSHUW\ RZQHU F 7D[SD\HU IDLOHG WR UHFHLYH D WD[ELOO RU D FRUUHFW ELOO DQG PDGH D JRRG IDI Date of request _____ F 7D[ZDV QRW WLPHO\ SDLG EHFDXVH RI WKH VHULRXV LQMXU\ GHDWK RU KRVSLLW EXW ZDV SDLG ZLWKLQ GD\V DIWHU WKH GXH GDWH 'DWH RI GHDWK RU KRVSLLW DOLJDWLRQ 'DWH RI SD\PHQW F 7D[SD\HU GHPRQVWUDWHG WKDW WLPHO\ SD\PHQW ZDV PDLOHG \$ SULYDWH PHWH F 7D[SD\HU KDV QRW PDGH D ODWH SD\PHQW IRU DQ\ UHDO SURSHUW\ WD[HV RZHG E

Treasurer's comments (include late payment history for the preceding three years)

5 HFRPPHQG D\W\ Deny Signature of treasurer _____ Date _____

County Auditor Instructions

7KH DXGLWURU PXVW FRQVLGHU HDFK RI WKH \UVW \YH UHDVRQV RQ WKH IRUP WR U the corresponding box. The auditor cannot use reasonable cause to remit a late payment penalty. If the auditor does not grant UHPLVLRQ WKH DXGLWURU PXVW GHOLYHU WKH DSSOLFDWLRQ WR WKH %RDUG RI 5H DXGLWURU PXVW QRWLI\ WKH WD[SD\HU RI LWV GHFLVLRQ E\ FRPSOHWLQJ WKH VHFWL

Decision of the County Auditor

%HIRUH WKH FRXQW\ DXGLWURU 'DWH UHPLVLRQ LV KHUHE\ F Granted F Denied _____

\$ FRS\ RI WKLW GHFLVLRQ ZDV PDLOHG WR WKH WD[SD\HU RQ _____ Signature of county auditor Date

%RDUG RI 5HYLVLRQ ,QVWUXFWLRQV

,I WKH DXGLWURU IRUZDUGV WKH DSSOLFDWLRQ WR WKH %RDUG RI 5HYLVLRQ WKH E ODWH SD\PHQW ZDV GXH WR WKH \UVW \YH UHDVRQV RQ WKH IRUP RU THE BOARD OF REVISION QRWLI\ WKH DSSOLFDQW DQG WKH SURSHUW\ RZQHU LI WKH DSSOLFDQW LV QRW W DQG UHWXUQLQJ D FRS\ RI WKH FRPSOHWHG IRUP WR WKH WD[SD\HU E\ FHUWL\HG P

'HFLVLRQ RI WKH %RDUG RI 5HYLVLRQ

%HIRUH WKH %RDUG RI 5HYLVLRQ WKH UHPLVLRQ LV KHUHE\ F Granted F Denied _____

\$ FRS\ RI WKLW GHFLVLRQ ZDV PDLOHG WR WKH WD[SD\HU RQ _____ Signature of clerk of the Board of Revision Date

,I WKH DSSOLFDWLRQ LV GHQLHG VWDWH WKH UHDVRQ IRU GHQLDO XVH DGGLWLRQ

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 DSSHDO WR WKH %RDUG RI 7D[\$SSHDOV DUH FRQWDLQH G LQ 5 & ZKLFK LQFOXGH \OLQ 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 PD\ EH IRXQG RQ WKH %RDUG RI 7D[\$SSHDOV ZHEVLWH <RX PXVW DOVR VHQG WKH %RDUG RI %RDUG RI 7D[\$SSHDOV LV (DVW %URDG 6WUHH WK)ORRU & ROXPEXV 2KLR ,WV WR GHWHUPLQH WKH DFFHSWDEOH PHWKRGV RI QRWL\FDWLRQ RI DQ DSSHDO