

**APPEAL TO THE TAX ADMINISTRATOR**

**NOT TO BE SUBMITTED FOR A REQUEST TO ABATE PENALTY**

City of Fairfield Income Tax Division  
701 Wessel Drive  
Fairfield, Ohio 45014  
513-867-5327

Date: \_\_\_\_\_

Account Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

I hereby request that the City of Fairfield Tax Administrator review my tax return for the year(s) \_\_\_\_\_ and issue a written decision regarding the City of Fairfield's assessment or determination as to my tax return. Please check the following that you wish to appeal.

Penalty Assessed in error  
 Interest Assessed in error  
 Late Charge Assessed in error  
 Tax Assessed in error

Calculation of Tax Due  
 Determination of Tax Due  
 Other (please explain below)

Briefly state the basis for your appeal on the lines below. Please be sure to include any relative documentation and/or facts. Attach additional sheets if necessary.

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Taxpayer's Signature