

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.

- | | |
|--|---|
| <input type="checkbox"/> Penalty Assessed in error | <input type="checkbox"/> Calculation of Tax Due |
| <input type="checkbox"/> Interest Assessed in error | <input type="checkbox"/> Determination of Tax Due |
| <input type="checkbox"/> Late Charge Assessed in error | <input type="checkbox"/> Other (please explain below) |
| <input type="checkbox"/> Tax Assessed in error | |

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.

Taxpayer's Signature