



City of Munroe Falls

REQUEST FOR TAX ABATEMENT

Taxpayer ID: _____

Name: _____

Street Address: _____

City, State, Zip: _____

Email: _____ Phone: _____

Tax Year: _____ Amount of Penalty & Interest Owed: _____

Prior Penalty or interest waived, if any? _____ Yes _____ No Tax year: _____

Penalty was assessed for: (circle one)

1. Late filing of annual return.
2. Required amount of estimated tax paid was paid after 15th day of year-end.
3. Tax Paid is less than Amount Due.
4. Estimated Tax paid was less than 90% of current tax due OR
Estimated Tax paid was less than 100% of prior year tax paid.

Reason for Abatement Request: _____

Signature

Date

Please return to: City of Munroe Falls
Attention Finance Director
43 Munroe Falls Ave
Munroe Falls, OH 44262

Return with all applicable documentation