

APPEAL TO THE TAX ADMINISTRATOR

CITY OF LOVELAND, INCOME TAX DIVISION
120 WEST LOVELAND AVENUE
LOVELAND, OH 45140
513-683-0150

Date: _____

Social Security #: _____

Your Name: _____
Current Address: _____

Phone #: _____

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

<input type="checkbox"/> Penalty assessed	<input type="checkbox"/> Calculation of Tax Due
<input type="checkbox"/> Interest assessed	<input type="checkbox"/> Determination of Tax Due
<input type="checkbox"/> Late charge assessed	<input type="checkbox"/> Other (Please Explain Below)
<input type="checkbox"/> Tax assessed	

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