APPEAL TO THE TAX ADMINISTRATOR

City Of Sharonville, Income Tax Division
10900 Reading Rd, Ste 142

Sharonville, OH 45241-2559
513-563-1169

Date: _____

Account #: _____

Name: _____

Current Address: _____

_____

_____

Telephone #: _____

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

Please check the following that you wish to appeal.

_____ Penalty Assessed

_____ Interest Assessed

_____ Late Charge Assessed

_____ Tax Assessed

_____ 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.

_____

_____

_____

_____

_____

_____

_____
Taxpayer's Signature