Taxpayer Request for
Penalty Cancellation

AFFIDAVIT

In accordance with the provisions of Section 4985.2(a)(1) of the Revenue and Taxation Code, State of California, I hereby Certify Under Penalty of Perjury that the failure to make a timely payment on the account(s) shown below was due to reasonable cause and circumstances beyond the assessee’s control and occurred notwithstanding the exercise of ordinary care and the absence of willful neglect and for this reason request cancellation of penalty that attached at 5 o’clock p.m. on the delinquent date of: ____________.

Fiscal Year: ________________ Assessor’s Parcel Number: _____-_____-

Statement of Circumstance:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Dated this: ______ day of ____________, 20__

Applicant Signature: _______________________________________________________

Address: ________________________________________________________________
________________________________________________________________________

ATTACH APPROPRIATE DOCUMENTATION JUSTIFYING CANCELLATION

Office Use Only

Approved: [ ] Denied: [ ] Check Amount: $________ Return Date: __________

Authorized signature: ___________________________ Date: ________________