



CITY OF TIFFIN  
Income Tax Department  
PO Box 518  
Tiffin, OH 44883  
Phone: 419-448-5405 Fax: 419-448-5406  
[www.tiffinohio.gov](http://www.tiffinohio.gov)

## REQUEST FOR AN APPEALABLE ASSESSMENT

(This form is for taxpayers wishing to dispute a tax balance levied or other tax determination which can be appealed to the Local Board of Tax Review)

Use for Tax Years 2016 and beyond

Protests may be filed via:

- E-MAIL to [Ineeley@tiffinohio.gov](mailto:Ineeley@tiffinohio.gov)
- MAIL – PO Box 518, Tiffin, OH 44883
- FAX – 419-448-5406
- DROP BOX – Outside of building at 53 E. Market Street
- DELIVERY to the Tax Department at 53 E. Market Street, Tiffin, OH

### All information listed below is required:

Tax Year: \_\_\_\_\_ Date: \_\_\_\_\_

Is this an individual or joint account?    Individual                  Joint

Taxpayer Name(s): \_\_\_\_\_  
*(If joint account, list both names)*

Taxpayer Social Security Number(s) or FID Number: \_\_\_\_\_  
*(If joint account, list both social security numbers)*

How would you like to receive your appealable assessment? *(Choose only one)*

Emailed to: \_\_\_\_\_ *(email address)*

Mailed to: \_\_\_\_\_ *(street address)*

\_\_\_\_\_ *(city, state, zip)*

Your request must contain the specifics of why the taxes, penalty and/or interest charged were incorrect or unlawful. Be specific – attach additional pages if required:

Taxpayer(s) Signature: \_\_\_\_\_  
\_\_\_\_\_