



NEW YORK STATE DEPARTMENT OF TAXATION AND FINANCE
OFFICE OF REAL PROPERTY TAX SERVICES

APPLICATION FOR CORRECTED TAX ROLL
FOR THE YEAR 20 \_\_\_\_

Part 1: To be completed in duplicate by Applicant. APPLICANT MUST SUBMIT BOTH COPIES TO COUNTY DIRECTOR OF REAL PROPERTY TAX SERVICES. (In Nassau and Tompkins Counties, submit to Chief Assessing Officer). NOTE: To be used only prior to expiration of warrant for collection. For wholly exempt parcel, attach statement signed by assessor or majority of board of assessors substantiating that assessor(s) have obtained proof that parcel should have been granted tax exempt status on tax roll.

1a. Name of Owner Day( ) Evening ( )
2. Telephone Number

1b. Mailing Address 3. Parcel Location (if different than 1b.)

4. Description of real property as shown on tax roll or tax bill (Include tax map designation)

5. Account No. 6. Amount of taxes currently billed

7. I hereby request a correction of tax levied by (county/city/school district; town in Westchester County; non-assessing unit village)
for the following reasons (use additional sheets if necessary):

Date Signature of Applicant

PART II: For use by COUNTY DIRECTOR: Attach written report (including documentation of error in essential fact) and recommendation. Indicate type of error and paragraph of subdivision 2, 3 or 7 of Section 550 under which error falls.

Date application received: Period of warrant for collection of taxes:

Last day for collection of taxes without interest:

Recommendation: [ ] Approve application\* [ ] Deny Application

Date Signature of County Director

\*[ ] If box is checked, this copy is for assessor and board of assessment review of city/town/village of which are to consider attached report and recommendation as equivalent to petition filed pursuant to section 553.

PART III: For use by TAX LEVYING BODY or OFFICIAL DESIGNATED BY RESOLUTION (Insert Number or Date)

APPLICATION APPROVED Amount of taxes currently billed: \$

Notice of approval mailed to applicant on (enter date): Corrected tax: \$
Order transmitted to collecting officer on (enter date):

APPLICATION DENIED Reason:

Seal of Office

Date Signature of Chief Executive Officer or Official Designated by Resolution

**Part IV. For use by COLLECTING OFFICER:**

Payment may be made without interest and penalties ONLY if (1) the application has been filed with the County Director during the period when taxes may be paid without interest (see "Date application received" in Part II of this form) AND (2) the corrected tax is paid within eight days of the date on which the notice of approval is mailed to the applicant (see Part III of this form). If either of these conditions is not satisfied, interest and/or penalties must be paid on the corrected tax.

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Order from tax levying body received:

\_\_\_\_\_

Date

Corrected tax due: \$ \_\_\_\_\_

Interest and penalties (if applicable): \$ \_\_\_\_\_

Total corrected tax due: \$ \_\_\_\_\_

Tax roll corrected:

\_\_\_\_\_

Date

Tax bill corrected:

\_\_\_\_\_

Date

Application and Order annexed to tax roll:

\_\_\_\_\_

Date

Payment of corrected tax received:

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Collecting Officer