



County of Yolo

www.yolocounty.org

DEPARTMENT OF FINANCIAL SERVICES

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- Financial Leadership
- Budget & Financial Planning
- Treasury & Finance
- Tax & Revenue Collection
- Financial Systems Oversight
- Accounting & Financial Reporting
- Internal Audit
- Procurement

APPLICATION FOR TAX PENALTY RELIEF - COVID-19 IMPACT

THIS REQUEST FOR PENALTY CANCELLATION WILL NOT BE CONSIDERED WITHOUT FULL PAYMENT OF ORIGINAL TAXES. ANY LATE FIRST INSTALLMENT MUST BE PAID, WITH PENALTY, AT THE TIME THIS REQUEST IS SUBMITTED. THIS FORM IS ONLY APPLICABLE FOR PROPERTY TAXES WITH A DELINQUENT PENALTY DATE FROM MARCH 31, 2020 THROUGH APRIL 30, 2020. A DIFFERENT FORM WILL BE ISSUED FOR PENALTY CANCELLATION REQUESTS FOR INABILITY TO PAY 2020/2021 PROPERTY TAXES DUE TO COVID-19 IMPACTS.

Please check which tax bill you are requesting a penalty cancellation:

Secured Tax Bill: _____ **Unsecured Tax Bill:** _____ **Supplemental Tax Bill:** _____

Applicant Name:		
Assessor's Parcel Number (APN):		
Mailing Address:		
City:	State:	Zip Code:
Daytime Phone No. ()		
Email Address :		

Reason for Request of Penalty Cancellation – COVID-19 Impact:

Economic/Financial Hardship: _____ **Health Concerns :** _____ **Other:** _____

Please fully describe the reason(s) for making this request. The reason for this request must be because the taxpayer has suffered economic hardship, or was otherwise unable to tender payment of taxes in a timely fashion, due to the COVID-19 pandemic or any local, state or federal government response to COVID-19. In addition, the request must be for residential property occupied by the taxpayer or real property owned and operated by a taxpayer that qualifies as a small business under the Small Business Administration's Regulations, Code of Federal Regulations, Title 13, section 121.201, and the property taxes are not paid through an impound account.

(provide explanation on next page)

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Assessee (Property Owner) Information:

Please share additional information about the property:

Residential: _____ **Owner Occupied (Y/N):** _____ **Impound Acct. (Y/N):** _____
Business: _____ **Annual Gross Receipts (\$):** _____ **Number of Employees:** _____

Explain why the taxpayer has suffered economic hardship, or was otherwise unable to tender payment of taxes in a timely fashion, due to the COVID-19 pandemic or the State or County’s shelter-in-place orders (attach additional sheets and documentation needed to substantiate):

I *declare and certify* under penalty of perjury that the information contained in the foregoing statement is true and correct and that I am signing as the assessee of record or his/her authorized agent.

Signature

Date