

## **Late Penalty Waiver Request**

(Bellevue City Code 4.03.120)

A written request for cancellation of penalties and/or interest must be received within 30 days after the date the Tax Division mails the notice that the penalties and/or interest are due. The director's authority to waive or cancel penalties and/or interest under this subsection shall extend to amounts already paid. The request must contain competent proof of all pertinent facts supporting a reasonable cause determination. In all cases the burden of proving the facts rests upon the taxpayer. Remit the completed form to the Tax Division by mail, or Fax to 425-452-6198 or email to tax@bellevuewa.gov.

Taxpayer	Business Information	Contact information:		
Bellevue Registration No  UBI Number  Business Entity and address:		NamePositionPhone		
				Fax
				Reporting Period / Amount:
Dancen, D	loogo chook applicable reason boy pro			
	☐ The return was filed on time, but w	vide explanation and attach any supporting documentation. vas inadvertently mailed to another agency or there was a service. Interest may be cancelled in this situation.		
]	☐ The delinquency was due to written department. Interest may be cance	n erroneous information given the taxpayer by the elled in this situation.		
[		e death or serious illness of the taxpayer or his/her or death of his/her tax preparer or a member of the tax to the filing date.		
[	☐ The delinquency was caused by the filing date.	e unavoidable absence of the taxpayer, prior to the		
[		e destruction, through no fault of the taxpayer, by fire or ace of business or business records.		
[	department, in writing, for proper	iling the return, made timely application to the forms and these forms were not furnished in sufficient rn to be filed and the tax paid before the delinquent date.		
[	, ,	an unforeseen and unintentional circumstance, not r, caused by the malfeasance or misconduct of the		
	o The taxpayer made a good faith eff	fort to comply with the provisions of this chapter.		
	□ The taxpayer inadvertently failed to	o file a tax return because of a good faith belief that the		

taxpayer qualified for the filing exemption in BCC 4.03.040(D).

<b>Explanation</b> (attach additional			
I hereby certify that the statem best of my knowledge.	ents and information provided	on this form are true and compl	ete to the
Signature		Date	
-			
	FOR OFFICE USE ONL		
☐ Waiver request received within		payment penalty $\square$ Period's total lia	bility is paic
	☐ Approved ☐ Der		
		Date	
Amount Approved	Reporting Period	Account Adjusted	
Comments:			

alanation (attach additional pages as peeded)

Should you disagree with this determination and believe the circumstances supporting your request meet the criteria within Bellevue City Code, you may appeal this decision to the Hearing Examiner within 30 days from the date of this letter. Refer to BCC 4.03.140 for administrative appeal procedures.

BCC is located on the internet at <a href="https://bellevue.municipal.codes/BCC">https://bellevue.municipal.codes/BCC</a>. If you have any questions, please contact the Tax Division at 425-452-6851.

Finance Dept. | Tax Division | Phone 425-452-6851 | Fax 425-452-6198 | Mail to PO Box 90012, Bellevue WA 98009-9012 Located at 450 110th Ave NE Street, Bellevue, Washington 98004

For alternate formats, interpreters, or reasonable accommodation requests please phone at least 48 hours in advance 425-452-6800 (voice) or email tax@bellevuewa.gov. For complaints regarding accommodations, contact City of Bellevue ADA/Title VI Administrator at 425-452-6168 (voice) or email ADATitleVI@bellevuewa.gov. If you are deaf or hard of hearing dial 711. All meetings are wheelchair accessible.

