



**OFFICE OF THE AUDITOR-CONTROLLER/
TREASURER/TAX COLLECTOR**
Attn: Penalty Cancellation Review
268 West Hospitality Lane, First Floor
San Bernardino, CA 92415
www.MyTaxCollector.com

**CORONAVIRUS DISEASE 2019 (COVID-19)
CLAIM FOR RELIEF FROM PENALTY**

Please complete the following information and mail to the address above no later than June 30, 2020. If mailing after May 31, 2020, payment for the base taxes owed (excluding penalty amount) must accompany request.

Parcel Number (APN) _____ **Tax Bill No.** _____

Claimant's Name: _____

Mailing Address: _____

Property Address _____

Daytime Telephone: () _____ **Email Address:** _____

Is this your primary Residence: Yes No

Active Homeowner's Exemption on Tax Bill: Yes No

In a good standing payment plan: Yes No

OR

Is this a qualified small business: Yes (See qualifying conditions below) No (only qualified small businesses will be considered for relief)

A qualified small business means an independently owned and operated business that is not dominant in its field of operation, which, together with affiliates, has 25 or fewer employees, and average annual gross receipts of seven million five hundred thousand dollars (\$7,500,000) or less over the previous three years. Total aggregated assessed value of all property owned by the small business must be under \$25 million.

Describe in detail why you were unable to make the timely tax payment due to circumstances beyond your control. The reason for filing this request must be associated with an economic/financial hardship and /or inability to tender payment due to a COVID-19 stay-at-home order.

Please complete the affidavit below, sign and return this form.

I, _____ declare under penalty of perjury that the above information and any attached documents is true and correct. The failure to make the tax payment timely was due to circumstances beyond my control, occurred in spite of the exercise of ordinary care and without willful neglect, and as a result of a COVID-19 stay-at-home order. I understand that, if approved, taxes must be paid by June 30, 2020.

Signature: _____

Date: _____

TAX COLLECTOR'S USE ONLY			
<input type="checkbox"/> Active HOX	<input type="checkbox"/> No Delinquent Taxes	<input type="checkbox"/> Affidavit Signed	<input type="checkbox"/> Qualified Small Business
<input type="checkbox"/> Request APPROVED:	<input type="checkbox"/> R&T 4985.2	<input type="checkbox"/> R&T 4222.5	
<input type="checkbox"/> Request DENIED			
Reason for denial: _____			
Reviewer Initials _____ Date _____			

If you have additional questions or need assistance, please call (909) 387-8308 from 8:00 AM to 5:00 PM, Monday-Friday, or email the Tax Collector at feedback@atc.sbcounty.gov. You may also visit our website at www.MyTaxCollector.com for general property tax information.