



**CITY OF AMHERST  
INCOME TAX DEPARTMENT**

**480 PARK AVENUE AMHERST OH 44001-2258  
PHONE (440) 988-4212 FAX (440) 988-3749**

**KATHLEEN M. LITKOVITZ  
TREASURER**

**REQUEST FOR ABATEMENT**

To be considered, this form must be returned by \_\_\_\_\_

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT NO. \_\_\_\_\_

PHONE NO: (     ) \_\_\_\_\_

I/We request abatement of the penalties and/or interest for the tax year(s) \_\_\_\_\_

REASON: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE (S) \_\_\_\_\_

DATE: \_\_\_\_\_

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FOR OFFICE USE ONLY

YEARS AMT	TAX	PENALTY	INTEREST	PAID	DATE	AMT DUE	ABATE
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

NOTES:

\_\_\_\_\_

DECISION OF THE ABATEMENT REVIEW BOARD

DATE REVIEWED \_\_\_\_\_