

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Office of the Chief Financial Officer
Office of Tax and Revenue



Real Property Assessment Division

**Request for Waiver of Penalties
For Failure to File an Income - Expense Form**

Tax Year: _____ Date of Value: _____

Square: _____ Suffix: _____ Lot _____

Property Address: _____

Filing Date of Request for Waiver: _____

Reason(s) for failure to file Income - Expense form:

- a. **Legal Disability** (*unable to care for property by reason of advanced age, mental illness, mental defect or physical incapacity*)
- b. **Death of the record-owner** of the affected property within six months prior to the date due for submission of the forms.
- c. **Death of the Agent** who is retained by the taxpayer to prepare the forms, within six months prior to the date due for submission of the forms.
- d. **Other** (attach a detailed explanation with this form)

Submit this form with supporting documents and comments to:
Anthony Daniels, Assessment Program Coordinator
Office of Tax and Revenue
Real Property Tax Administration
1101 4th Street, SW, Suite W550
Washington, DC 20024

Print Name _____

Owner/Agent Signature _____

Address _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____