



# Sandie Arnott

TREASURER - TAX COLLECTOR

**Tiffany Htwe**

INVESTMENT & FINANCE OFFICER

**Robin N. Elliott**

ASSISTANT TAX COLLECTOR

## REQUEST FOR PENALTY CANCELLATION - COVID-19 IMPACT

**THIS REQUEST FOR PENALTY CANCELLATION WILL NOT BE CONSIDERED WITHOUT FULL PAYMENT OF ORIGINAL TAXES – THIS REQUEST IS ONLY APPLICABLE FOR PROPERTY TAXES WITH A DELINQUENT PENALTY DATE FROM MARCH 3, 2020, THROUGH MAY 4, 2020.**

**Assessee Information:**

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

**Secured Tax Bill due**

**5/4/2020:**

**Supplemental Tax Bill due on**

**or after 3/3/2020:**

Please check property type:

**Residential real property owned and occupied by taxpayer:**

**Small business owned and operated by taxpayer:**

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

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

**Economic Hardship:**

**COVID-19 Related Health Concerns:**

**Other:**



**INSTRUCTIONS:**

1. Complete the Assessee Information section, sign, and date the form. The form must be signed by an owner whose name appears on the title of the property or his/her authorized agent. Please print or write legibly using blue or black ink.
2. Attach all supporting documentation to substantiate your request. Please redact any social security numbers or confidential information on your support documentation. If documentation is not available please indicate that in your description.

**Examples of supporting documentation may include, but are not limited to, the following:**

- Note from physician or medical staff – referral for isolation, quarantine, hospitalization
  - Hospital release form indicating date of admission
  - Employer notification of employment release due to COVID-19 or Employer notification of business closing/reduced hours due to COVID-19
  - CA EDD Unemployment Insurance (UI) Claim Letter
  - Document showing owner/operator unable to conduct business due to COVID-19
  - April 2019 business bank statement & April 2020 business bank statement reflecting 25% or more revenue loss
  - IRS filing reflecting compliance to small business qualifications
3. Mail the completed and signed form, along with a check for any outstanding taxes that have a delinquent date between March 3, 2020 through May 5, 2020 (penalties excluded) **NO LATER THAN 6/20/2020** to:

San Mateo County Tax Collector  
Atten: COVID-19 Appeal  
555 County Center, 1<sup>st</sup> Floor  
Redwood City, CA 94063

For Treasurer Tax Collector Use Only	
Date Received: _____	Payment Submitted: _____ (Y/N)
<input type="checkbox"/> Request APPROVED	
<input type="checkbox"/> Request DENIED	
Reason for denial: _____	
_____	
Reviewed by: _____	Date: _____