

File this form with the  
county treasurer.

County CLARK  
Case no. 2024-026

**DENIED**  
DTE 23A  
Rev. 10/17

## Application for the Remission of Real Property and Manufactured Home Late-Payment Penalties (R.C. 5715.39)

**Taxpayer Instructions:** Complete the front of this form and file it with the county treasurer. Attach a copy of all evidence to the form, complete the name and address blank and sign the form. If penalties have accrued for more than one late payment, a separate application must be filed for each penalty. Please send completed form to the county treasurer of the county in which the property is located. (The county treasurer may insert his or her name and address here or the taxpayer may obtain the address at [ohiocountytreasurers.org](http://ohiocountytreasurers.org).)

PAMELA LITTLEJOHN  
CLARK COUNTY TREASURER  
AB GRAHAM BUILDING  
PO BOX 1305  
SPRINGFIELD OHIO 45501-1305

Date Received by Treasurer

Date Received by Auditor

Owner of property GAYATRI 2 DRIVE THRU LLC Parcel or I.D.# of property 0500600018101011  
Property tax type: ☒ Real ☐ Manufactured home Tax year 2022 ☒ First half ☐ Second half  
Amount of penalty \$ 191.60 ☐ 5% penalty ☒ 10% penalty  
Date taxes were due \_\_\_\_\_ Date taxes and interest were paid 12/20/2024 Date entered into a payment plan \_\_\_\_\_

Please check all the reasons the penalty should be remitted and explain below.

- ☐ Tax was not paid by due date because of negligence or error of the auditor or treasurer (explain below).
- ☒ Taxpayer did not receive a tax bill or a correct tax bill and attempted to obtain one on (date) \_\_\_\_\_
- ☐ Tax was not timely paid because of serious injury, death or hospitalization of the taxpayer (within 60 days preceding the due date), but was paid within 60 days after the due date. Taxpayer must submit proof of the above.
- ☐ Tax payment was mailed on or before due date (submit evidence of timely mailing). A private meter postmark on the envelope is not a valid postmark for establishing the payment date.
- ☒ Taxpayer did not receive a tax bill because the mortgage lender failed to notify the treasurer that the mortgage was satisfied and the bill was not sent to the taxpayer. The penalty waiver applies only to the first tax bill after satisfaction of the mortgage.
- ☐ Taxpayer's failure to make timely payment of the tax was due to reasonable cause and not willful neglect (explain below).

Taxpayer statement (use additional pages if necessary): I bought Company on Sep 21 2022, Munster  
paying all the bill and I didn't receive property tax Bill because of different  
Address and previous owner didn't notify until Oct 2024 that I owe  
so much Amount I pay full Bill and change Address so I get Bill,  
and never will ever pay again.

Print name and address below

I declare under penalties of perjury that this report is true, correct and complete.

TUSHAR PATEL

Name

Taxpayer signature

1730 Troy Rd

3016465372

Address

Daytime phone number

Date

Springfield OH 45504

Patel.tushar70@gmail.com

City

State

ZIP

E-mail address

PREPARED BY: SM



## County Treasurer Instructions

Review the form for completeness and verify the accuracy of the penalty amount and date that taxes were due and paid. **If the taxpayer has a late payment history, include the amount(s) and tax period(s) for the preceding three years.** Retain a copy of the application for your records. Forward the completed application with any attachments to the county auditor.

The county treasurer should check all that apply:

- ☐ Penalty accrued because of the negligence or error of a county officer (explain below). This would include the treasurer accepting a change of address from someone other than the property owner.
- ☐ Taxpayer failed to receive a tax bill or a correct bill and made a good faith effort to obtain the bill within 30 days after the due date.  
Date of request \_\_\_\_\_
- ☐ Tax was not timely paid because of the serious injury, death or hospitalization of the taxpayer within 60 days preceding the due date, but was paid within 60 days after the due date.  
Date of death or hospitalization \_\_\_\_\_ Date of payment \_\_\_\_\_
- ☐ Taxpayer demonstrated that timely payment was mailed. A private meter postmark is not valid for establishing the date of payment.
- ☐ Taxpayer has not made a late payment for any real property taxes owed by the taxpayer during the preceding three years.

Treasurer's comments (include late payment history for the preceding three years)

REMISSION REQUEST by NON-TITLED OWNER - (LAND CONTRACT AG holder)  
DENY. PARCEL 2 YRS of NON PAYMENT, CERTIFIED to PROSECUTOR  
MAIL ADDRESSED to titled OWNERSHIP FROM 9/17/21 TRANSFER.  
Recommendation: ☐ Grant ☒ Deny Signature of treasurer Pamela Rittig Date 1/24/2025

## County Auditor Instructions

The auditor must consider each of the first five reasons on the form to remit the penalty even if the taxpayer has not checked the corresponding box. The auditor cannot use reasonable cause to remit a late payment penalty. If the auditor does not grant remission, the auditor must deliver the application to the Board of Revision for consideration. If the auditor grants remission, the auditor must notify the taxpayer of its decision by completing the section below and returning a copy of the form to the taxpayer.

### Decision of the County Auditor

Before the county auditor, the remission is hereby: Date: \_\_\_\_\_

☐ Granted ☒ Denied

1/24/2025  
Hallam Haulen  
Signature of county auditor

A copy of this decision was mailed to the taxpayer on: \_\_\_\_\_

Date

### Board of Revision Instructions

If the auditor forwards the application to the Board of Revision, the board must review the request for remission to determine whether the late payment was due to the first five reasons on the form or reasonable cause and not the willful neglect of the taxpayer. **The board must notify the applicant and the property owner (if the applicant is not the owner) of its decision by completing the section below and returning a copy of the completed form to the taxpayer by certified mail.**

### Decision of the Board of Revision

Before the Board of Revision, the remission is hereby: Date: 2/20/2025

☐ Granted ☒ Denied

Bethany Maehr  
Signature of clerk of the Board of Revision

A copy of this decision was mailed to the taxpayer on: 3/10/2025

Date

If the application is denied, state the reason for denial (use additional pages if necessary):

Applicant is not owner and has a history of non-payment.

### Instructions for Appeal to Board of Tax Appeals

The taxpayer has thirty (30) days from the mailing of the Board of Revision's decision to appeal to the Board of Tax Appeals. The requirements for a proper appeal to the Board of Tax Appeals are contained in R.C. 5717.01, which include filing through an online process. If the taxpayer does not follow all the mandatory requirements to appeal, the taxpayer may lose his right to appeal. DTE Form 4 has been prescribed for this purpose and an electronic copy may be found on the Board of Tax Appeal's website. You must also send the Board of Revision a copy of the notice of appeal. The mailing address of the Board of Tax Appeals is 30 East Broad Street, 24th Floor Columbus, Ohio 43215-3414. Its website is: bta.ohio.gov. Please contact the Board of Revision to determine the acceptable methods of notification of an appeal.



File this form with the  
county treasurer.

County CLARK  
Case no. 2024-026

DENIED  
DTE 23A  
Rev. 10/17

## Application for the Remission of Real Property and Manufactured Home Late-Payment Penalties (R.C. 5715.39)

**Taxpayer Instructions:** Complete the front of this form and file it with the county treasurer. Attach a copy of all evidence to the form, complete the name and address blank and sign the form. If penalties have accrued for more than one late payment, a separate application must be filed for each penalty. Please send completed form to the county treasurer of the county in which the property is located. (The county treasurer may insert his or her name and address here or the taxpayer may obtain the address at [ohiocountytreasurers.org](http://ohiocountytreasurers.org).)

PAMELA LITTLEJOHN  
CLARK COUNTY TREASURER  
AB GRAHAM BUILDING  
PO BOX 1305  
SPRINGFIELD OHIO 45501-1305

Date Received by Treasurer

Date Received by Auditor

Owner of property GAYATRI 2 DRIVE THRU LLC Parcel or I.D.# of property 050 06 00018 101 011  
Property tax type: ☒ Real ☐ Manufactured home Tax year 2023 ☐ First half ☒ Second half  
Amount of penalty \$ 382.19 ☐ 5% penalty ☒ 10% penalty  
Date taxes were due 07/05/2024 Date taxes and interest were paid 12/20/2024 Date entered into a payment plan \_\_\_\_\_

Please check all the reasons the penalty should be remitted and explain below.

- ☐ Tax was not paid by due date because of negligence or error of the auditor or treasurer (explain below).
- ☒ Taxpayer did not receive a tax bill or a correct tax bill and attempted to obtain one on (date) \_\_\_\_\_
- ☐ Tax was not timely paid because of serious injury, death or hospitalization of the taxpayer (within 60 days preceding the due date), but was paid within 60 days after the due date. Taxpayer must submit proof of the above.
- ☐ Tax payment was mailed on or before due date (submit evidence of timely mailing). A private meter postmark on the envelope is not a valid postmark for establishing the payment date.
- ☒ Taxpayer did not receive a tax bill because the mortgage lender failed to notify the treasurer that the mortgage was satisfied and the bill was not sent to the taxpayer. The penalty waiver applies only to the first tax bill after satisfaction of the mortgage.
- ☐ Taxpayer's failure to make timely payment of the tax was due to reasonable cause and not willful neglect (explain below).

Taxpayer statement (use additional pages if necessary): I Bought Company on Sep 21 2024, manager

Putting all the bill and I didn't receive property tax bill because of different  
Address and previous owner didn't notify until Oct 2024 that I owe  
so much amount I pay full bill and change Address so I can get bill

Print name and address below

Tushar Patel

Name

1730 Toot Rd

Address

Springfield

City

OH

State

45504

ZIP

I declare under penalties of perjury that this report is true, correct and complete.

Taxpayer signature

3016465372

Daytime phone number

Patel.tushar70@gmail.com

E-mail address

12/19/2024

Date

PREPARED BY: NJ



## County Treasurer Instructions

Review the form for completeness and verify the accuracy of the penalty amount and date that taxes were due and paid. **If the taxpayer has a late payment history, include the amount(s) and tax period(s) for the preceding three years.** Retain a copy of the application for your records. Forward the completed application with any attachments to the county auditor.

The county treasurer should check all that apply:

- ☐ Penalty accrued because of the negligence or error of a county officer (explain below). This would include the treasurer accepting a change of address from someone other than the property owner.
- ☐ Taxpayer failed to receive a tax bill or a correct bill and made a good faith effort to obtain the bill within 30 days after the due date.  
Date of request \_\_\_\_\_
- ☐ Tax was not timely paid because of the serious injury, death or hospitalization of the taxpayer within 60 days preceding the due date, but was paid within 60 days after the due date.  
Date of death or hospitalization \_\_\_\_\_ Date of payment \_\_\_\_\_
- ☐ Taxpayer demonstrated that timely payment was mailed. A private meter postmark is not valid for establishing the date of payment.
- ☒ Taxpayer has not made a late payment for any real property taxes owed by the taxpayer during the preceding three years.

Treasurer's comments (include late payment history for the preceding three years)

REMISSION REQUEST by NON titled OWNER (LAND CONTRACT Ag Holder)  
DENY. PARCEL 2YRS+ OF NON-PAYMENT, CERTIFIED TO PROSECUTOR,  
Mail Address to titled OWNERSHIP FROM 9/17/21 TRANSFER

Recommendation: ☐ Grant ☒ Deny Signature of treasurer \_\_\_\_\_ Date 1/24/2025

## County Auditor Instructions

The auditor must consider each of the first five reasons on the form to remit the penalty even if the taxpayer has not checked the corresponding box. The auditor cannot use reasonable cause to remit a late payment penalty. If the auditor does not grant remission, the auditor must deliver the application to the Board of Revision for consideration. If the auditor grants remission, the auditor must notify the taxpayer of its decision by completing the section below and returning a copy of the form to the taxpayer.

## Decision of the County Auditor

Before the county auditor, the remission is hereby: Date: 1/26/2025

☐ Granted ☒ Denied

Shelley Hamilton  
Signature of county auditor

A copy of this decision was mailed to the taxpayer on: \_\_\_\_\_

Date

## Board of Revision Instructions

If the auditor forwards the application to the Board of Revision, the board must review the request for remission to determine whether the late payment was due to the first five reasons on the form or reasonable cause and not the willful neglect of the taxpayer. **The board must notify the applicant and the property owner (if the applicant is not the owner) of its decision by completing the section below and returning a copy of the completed form to the taxpayer by certified mail.**

## Decision of the Board of Revision

Before the Board of Revision, the remission is hereby: Date: 2/20/2025

☐ Granted ☒ Denied

Bethany Maenn  
Signature of clerk of the Board of Revision

A copy of this decision was mailed to the taxpayer on: 3/10/2025

Date

If the application is denied, state the reason for denial (use additional pages if necessary):

Applicant is not owner and has a history of non payment.

## Instructions for Appeal to Board of Tax Appeals

The taxpayer has thirty (30) days from the mailing of the Board of Revision's decision to appeal to the Board of Tax Appeals. The requirements for a proper appeal to the Board of Tax Appeals are contained in R.C. 5717.01, which include filing through an online process. If the taxpayer does not follow all the mandatory requirements to appeal, the taxpayer may lose his right to appeal. DTE Form 4 has been prescribed for this purpose and an electronic copy may be found on the Board of Tax Appeal's website. You must also send the Board of Revision a copy of the notice of appeal. The mailing address of the Board of Tax Appeals is 30 East Broad Street, 24th Floor Columbus, Ohio 43215-3414. Its website is: bta.ohio.gov. Please contact the Board of Revision to determine the acceptable methods of notification of an appeal.



File this form with the  
county treasurer.

County CLARK  
Case no. BOR 2024-026

**DENIED**  
DTE 23A  
Rev. 10/17

## Application for the Remission of Real Property and Manufactured Home Late-Payment Penalties (R.C. 5715.39)

**Taxpayer Instructions:** Complete the front of this form and file it with the county treasurer. Attach a copy of all evidence to the form, complete the name and address blank and sign the form. If penalties have accrued for more than one late payment, a separate application must be filed for each penalty. Please send completed form to the county treasurer of the county in which the property is located. (The county treasurer may insert his or her name and address here or the taxpayer may obtain the address at [ohiocountytreasurers.org](http://ohiocountytreasurers.org).)

PAMELA LITTLEJOHN  
CLARK COUNTY TREASURER  
AB GRAHAM BUILDING  
PO BOX 1305  
SPRINGFIELD OHIO 45501-1305

Date Received by Treasurer

Date Received by Auditor

Owner of property GAYATRI 2 DRIVE THRU LLC Parcel or I.D.# of property 050 06 00018 101 011  
Property tax type: ☒ Real ☐ Manufactured home Tax year 2023 ☒ First half ☐ Second half  
Amount of penalty \$ 182.00 ☐ 5% penalty ☒ 10% penalty  
Date taxes were due 02/23/2024 Date taxes and interest were paid 12/20/2024 Date entered into a payment plan \_\_\_\_\_

Please check all the reasons the penalty should be remitted and explain below.

- ☐ Tax was not paid by due date because of negligence or error of the auditor or treasurer (explain below).  
☒ Taxpayer did not receive a tax bill or a correct tax bill and attempted to obtain one on (date) \_\_\_\_\_  
☐ Tax was not timely paid because of serious injury, death or hospitalization of the taxpayer (within 60 days preceding the due date), but was paid within 60 days after the due date. Taxpayer must submit proof of the above.  
☐ Tax payment was mailed on or before due date (submit evidence of timely mailing). A private meter postmark on the envelope is not a valid postmark for establishing the payment date.  
☒ Taxpayer did not receive a tax bill because the mortgage lender failed to notify the treasurer that the mortgage was satisfied and the bill was not sent to the taxpayer. The penalty waiver applies only to the first tax bill after satisfaction of the mortgage.  
☐ Taxpayer's failure to make timely payment of the tax was due to reasonable cause and not willful neglect (explain below).

**Taxpayer statement** (use additional pages if necessary): I bought Company on Sep 21 2024, manager  
putting all the bill and I didn't receive property tax bill because of different  
Address and previous owner didn't notify until Oct 2024 that I owe  
so much amount I pay full bill and change Address so I get bill.

Print name and address below

Tushar Patel  
Name  
1730 Troy Rd  
Address  
Springfield OH 45504  
City State ZIP

I declare under penalties of perjury that this report is true, correct and complete.

Tushar Patel  
Taxpayer signature  
3016465372  
Daytime phone number  
12/19/2024  
Date  
Patel.tushar70@gmail.com  
E-mail address

PREPARED BY: NJ



## County Treasurer Instructions

Review the form for completeness and verify the accuracy of the penalty amount and date that taxes were due and paid. **If the taxpayer has a late payment history, include the amount(s) and tax period(s) for the preceding three years.** Retain a copy of the application for your records. Forward the completed application with any attachments to the county auditor.

The county treasurer should check all that apply:

- ☐ Penalty accrued because of the negligence or error of a county officer (explain below). This would include the treasurer accepting a change of address from someone other than the property owner.
- ☐ Taxpayer failed to receive a tax bill or a correct bill and made a good faith effort to obtain the bill within 30 days after the due date.  
Date of request \_\_\_\_\_
- ☐ Tax was not timely paid because of the serious injury, death or hospitalization of the taxpayer within 60 days preceding the due date, but was paid within 60 days after the due date.  
Date of death or hospitalization \_\_\_\_\_ Date of payment \_\_\_\_\_
- ☐ Taxpayer demonstrated that timely payment was mailed. A private meter postmark is not valid for establishing the date of payment.
- ☒ Taxpayer has not made a late payment for any real property taxes owed by the taxpayer during the preceding three years.

Treasurer's comments (include late payment history for the preceding three years):

REMISSION REQUEST by NON-TITLED OWNER (LAND CONTRACT AG HOLDER)  
DENY, PARCEL 2 YRS + OF NON-PAYMENT, CERTIFIED TO PROSECUTOR,  
MAIL ADDRESSED TO TITLED OWNERSHIP FROM 9/17/21 TRANSFER

Recommendation: ☐ Grant ☒ Deny Signature of treasurer Amelia Littlejohn Date 1/24/2025

## County Auditor Instructions

The auditor must consider each of the first five reasons on the form to remit the penalty even if the taxpayer has not checked the corresponding box. The auditor cannot use reasonable cause to remit a late payment penalty. If the auditor does not grant remission, the auditor must deliver the application to the Board of Revision for consideration. If the auditor grants remission, the auditor must notify the taxpayer of its decision by completing the section below and returning a copy of the form to the taxpayer.

### Decision of the County Auditor

Before the county auditor, the remission is hereby: Date: 1-21-2025

☐ Granted ☒ Denied

Bethenny Malin  
Signature of county auditor

A copy of this decision was mailed to the taxpayer on:

Date

### Board of Revision Instructions

If the auditor forwards the application to the Board of Revision, the board must review the request for remission to determine whether the late payment was due to the first five reasons on the form or reasonable cause and not the willful neglect of the taxpayer. **The board must notify the applicant and the property owner (if the applicant is not the owner) of its decision by completing the section below and returning a copy of the completed form to the taxpayer by certified mail.**

### Decision of the Board of Revision

Before the Board of Revision, the remission is hereby: Date: 2/20/2025

☐ Granted ☒ Denied

Bethenny Malin  
Signature of clerk of the Board of Revision

A copy of this decision was mailed to the taxpayer on:

3/10/2025 Date

If the application is denied, state the reason for denial (use additional pages if necessary):

Applicant is not owner and has history of non-payment.

### Instructions for Appeal to Board of Tax Appeals

The taxpayer has thirty (30) days from the mailing of the Board of Revision's decision to appeal to the Board of Tax Appeals. The requirements for a proper appeal to the Board of Tax Appeals are contained in R.C. 5717.01, which include filing through an online process. If the taxpayer does not follow all the mandatory requirements to appeal, the taxpayer may lose his right to appeal. DTE Form 4 has been prescribed for this purpose and an electronic copy may be found on the Board of Tax Appeal's website. You must also send the Board of Revision a copy of the notice of appeal. The mailing address of the Board of Tax Appeals is 30 East Broad Street, 24th Floor Columbus, Ohio 43215-3414. Its website is: bta.ohio.gov. Please contact the Board of Revision to determine the acceptable methods of notification of an appeal.



File this form with the  
county treasurer.

County CLARK  
Case no. 2024-026

**DENIED**  
DTE 23A  
Rev. 10/17

## Application for the Remission of Real Property and Manufactured Home Late-Payment Penalties (R.C. 5715.39)

**Taxpayer Instructions:** Complete the front of this form and file it with the county treasurer. Attach a copy of all evidence to the form, complete the name and address blank and sign the form. If penalties have accrued for more than one late payment, a separate application must be filed for each penalty. Please send completed form to the county treasurer of the county in which the property is located. (The county treasurer may insert his or her name and address here or the taxpayer may obtain the address at [ohiocountytreasurers.org](http://ohiocountytreasurers.org).)

PAMELA LITTLEJOHN  
CLARK COUNTY TREASURER  
AB GRAHAM BUILDING  
PO BOX 1305  
SPRINGFIELD OHIO 45501-1305

Date Received by Treasurer

Date Received by Auditor

Owner of property GAYATRI 2 DRIVE THRU LLC Parcel or I.D.# of property 0500600018101011  
Property tax type: ☒ Real ☐ Manufactured home Tax year 2022 ☐ First half ☒ Second half  
Amount of penalty \$ 402.36 ☐ 5% penalty ☒ 10% penalty  
Date taxes were due \_\_\_\_\_ Date taxes and interest were paid 12/20/2024 Date entered into a payment plan \_\_\_\_\_

Please check all the reasons the penalty should be remitted and explain below.

- ☐ Tax was not paid by due date because of negligence or error of the auditor or treasurer (explain below).
- ☒ Taxpayer did not receive a tax bill or a correct tax bill and attempted to obtain one on (date) \_\_\_\_\_
- ☐ Tax was not timely paid because of serious injury, death or hospitalization of the taxpayer (within 60 days preceding the due date), but was paid within 60 days after the due date. Taxpayer must submit proof of the above.
- ☐ Tax payment was mailed on or before due date (submit evidence of timely mailing). A private meter postmark on the envelope is not a valid postmark for establishing the payment date.
- ☒ Taxpayer did not receive a tax bill because the mortgage lender failed to notify the treasurer that the mortgage was satisfied and the bill was not sent to the taxpayer. The penalty waiver applies only to the first tax bill after satisfaction of the mortgage.
- ☐ Taxpayer's failure to make timely payment of the tax was due to reasonable cause and not willful neglect (explain below).

**Taxpayer statement** (use additional pages if necessary): I bought Company on 12/21/2022, Manager  
paying all the bill and I didn't receive property tax bill because of different  
Address and previous owner didn't notify until Oct 2024 that I owe  
so much Amount I pay full bill and change Address so I can get bill.

Print name and address below

Tushar Patel  
Name  
1730 Toor Rd  
Address  
Springfield OH 45504  
City State ZIP

I declare under penalties of perjury that this report is true, correct and complete.

Tushar Patel  
Taxpayer signature  
3016465372 12/19/2024  
Daytime phone number Date  
Patel.tushar70@gmail.com  
E-mail address

PREPARED BY: SM



## County Treasurer Instructions

Review the form for completeness and verify the accuracy of the penalty amount and date that taxes were due and paid. **If the taxpayer has a late payment history, include the amount(s) and tax period(s) for the preceding three years.** Retain a copy of the application for your records. Forward the completed application with any attachments to the county auditor.

The county treasurer should check all that apply:

- ☐ Penalty accrued because of the negligence or error of a county officer (explain below). This would include the treasurer accepting a change of address from someone other than the property owner.
- ☐ Taxpayer failed to receive a tax bill or a correct bill and made a good faith effort to obtain the bill within 30 days after the due date.  
Date of request \_\_\_\_\_
- ☐ Tax was not timely paid because of the serious injury, death or hospitalization of the taxpayer within 60 days preceding the due date, but was paid within 60 days after the due date.  
Date of death or hospitalization \_\_\_\_\_ Date of payment \_\_\_\_\_
- ☐ Taxpayer demonstrated that timely payment was mailed. A private meter postmark is not valid for establishing the date of payment.
- ☐ Taxpayer has not made a late payment for any real property taxes owed by the taxpayer during the preceding three years.

Treasurer's comments (include late payment history for the preceding three years)

REMISSION REQUEST BY NON-TITLED OWNER (LAND CONTRACT AG HOLDER)  
DENY. PARCEL 2 YRS+ of NON-PAYMENT. CERTIFIED TO PROSECUTOR.  
MAIL ADDRESSED TO TITLED OWNERSHIP FROM 9/17/21 TRANSFER

Recommendation: ☐ Grant ☒ Deny Signature of treasurer *Janet W. Smith* Date 1/24/2025

## County Auditor Instructions

The auditor must consider each of the first five reasons on the form to remit the penalty even if the taxpayer has not checked the corresponding box. The auditor cannot use reasonable cause to remit a late payment penalty. If the auditor does not grant remission, the auditor must deliver the application to the Board of Revision for consideration. If the auditor grants remission, the auditor must notify the taxpayer of its decision by completing the section below and returning a copy of the form to the taxpayer.

### Decision of the County Auditor

Before the county auditor, the remission is hereby: Date: 1/24/2025

☐ Granted ☒ Denied

*William J. Hamilton*  
Signature of county auditor

A copy of this decision was mailed to the taxpayer on:

Date

### Board of Revision Instructions

If the auditor forwards the application to the Board of Revision, the board must review the request for remission to determine whether the late payment was due to the first five reasons on the form or reasonable cause and not the willful neglect of the taxpayer. **The board must notify the applicant and the property owner (if the applicant is not the owner) of its decision by completing the section below and returning a copy of the completed form to the taxpayer by certified mail.**

### Decision of the Board of Revision

Before the Board of Revision, the remission is hereby:

Date: 2/20/2025

☐ Granted ☒ Denied

*Bethany M. Lehn*  
Signature of clerk of the Board of Revision

A copy of this decision was mailed to the taxpayer on:

3/10/2025

Date

If the application is denied, state the reason for denial (use additional pages if necessary):

Applicant is not owner and has history of non-payment.

### Instructions for Appeal to Board of Tax Appeals

The taxpayer has thirty (30) days from the mailing of the Board of Revision's decision to appeal to the Board of Tax Appeals. The requirements for a proper appeal to the Board of Tax Appeals are contained in R.C. 5717.01, which include filing through an online process. If the taxpayer does not follow all the mandatory requirements to appeal, the taxpayer may lose his right to appeal. DTE Form 4 has been prescribed for this purpose and an electronic copy may be found on the Board of Tax Appeal's website. You must also send the Board of Revision a copy of the notice of appeal. The mailing address of the Board of Tax Appeals is 30 East Broad Street, 24th Floor Columbus, Ohio 43215-3414. Its website is: bta.ohio.gov. Please contact the Board of Revision to determine the acceptable methods of notification of an appeal.





# Real Property Conveyance Fee Statement of Value and Receipt

DTE 100  
Rev. 6/20

If exempt by Ohio Revised Code section 319.54(G)(3), use form DTE 100(EX).  
**TYPE OR PRINT ALL INFORMATION.**

Type Instrument <u>WD</u>	Tax list year <u>2020</u>	County number <u>12</u>	Tax, dist. number <u>1020</u>	Date <u>9/9/2021</u>
Property located in <u>Delaware Sup</u> taxing district				
Name on tax duplicate <u>Martin Gary R &amp; William C</u>		Tax duplicate year <u>2020</u>		
Acct. or permanent parcel no. <u>050 206-00018-102-001</u>		Map book <u>6</u> Page <u>18</u>		
Description _____ <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted <u>K</u>				
Auditor's comments: <input type="checkbox"/> Split <input type="checkbox"/> New plat <input type="checkbox"/> New improvements <input type="checkbox"/> Partial value <input type="checkbox"/> C.A.U.V <input type="checkbox"/> Building removed <input type="checkbox"/> Other _____				
<b>Grantor or Representative Must Complete All Questions in This Section. See instructions on reverse.</b>				
1. Grantor's name <u>Gary R. Mader / William C. Mader and Linda A. Mader</u> Phone _____				
2. Grantee's name <u>Gayatri 2 Drive Thru, LLC</u> Phone _____				
Grantee's address <u>9650 Summit Point Drive, Apt. 102, Miamisburg, OH 45342</u>				
3. Address of property <u>1740 Jacksonville Road, Springfield, OH 45504</u>				
4. Tax billing address <u>9650 Summit Point Drive, Apt. 102, Miamisburg, OH 45342</u>				
5. Are there buildings on the land? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, check type: <input checked="" type="checkbox"/> 1, 2 or 3 family dwelling <input type="checkbox"/> Condominium <input type="checkbox"/> Apartment: No. of units _____ <input type="checkbox"/> Manufactured (mobile) home <input type="checkbox"/> Farm buildings <input type="checkbox"/> Other _____ If land is vacant, what is intended use? _____				
6. Conditions of sale (check all that apply) <input type="checkbox"/> Grantor is relative <input type="checkbox"/> Part interest transfer <input type="checkbox"/> Land contract <input type="checkbox"/> Trade <input type="checkbox"/> Life estate <input type="checkbox"/> Leased fee <input type="checkbox"/> Leasehold <input type="checkbox"/> Mineral rights reserved <input type="checkbox"/> Gift <input type="checkbox"/> Grantor is mortgagee <input checked="" type="checkbox"/> Other <u>fee simple</u>				
7. a) New mortgage amount (if any) ..... \$ _____				
b) Balance assumed (if any) ..... \$ _____				
c) Cash (if any) ..... \$ _____				
d) Total consideration (add lines 7a, 7b and 7c) ..... \$ <u>150,000.00</u>				
e) Portion, if any, of total consideration paid for items other than real property ..... \$ _____				
f) Consideration for real property on which fee is to be paid (7d minus 7e) ..... \$ <u>150,000.00</u>				
g) Name of mortgagee _____				
h) Type of mortgage <input type="checkbox"/> Conv. <input type="checkbox"/> F.H.A. <input type="checkbox"/> V.A. <input type="checkbox"/> Other _____				
i) If gift, in whole or part, estimated market value of real property ..... \$ _____				
8. Has the grantor indicated that this property is entitled to receive the senior citizen, disabled person or surviving spouse homestead exemption for the preceding or current tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete form DTE 101.				
9. Has the grantor indicated that this property qualified for current agricultural use valuation for the preceding or current tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, complete form DTE 102.				
10. Application for owner-occupancy (2.5% on qualified levies) reduction. (Notice: Failure to complete this application prohibits the owner from receiving this reduction until another proper and timely application is filed.) Will this property be grantee's principal residence by Jan. 1 of next year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, is the property a multi-unit dwelling? <input type="checkbox"/> Yes <input type="checkbox"/> No I declare under penalties of perjury that this statement has been examined by me and to the best of my knowledge and belief it is a true, correct and complete statement.				
Signature of grantee or representative <u>John S. Federer, Atty</u>				Date <u>9/6/2021</u>

Number <b>3795</b>
No. of Parcels <u>1</u>
DTE Code No. <u>511</u>
Nelgh. Code _____
No. of Acres _____
Land Value <u>11690</u>
Bldg. Value <u>18030</u>
Total Value <u>29720</u>
DTE Use Only _____
DTE Use Only _____
DTE Use Only _____
Consideration _____
DTE Use Only Valid sale 1. Yes 2. No
Receipt Number _____

## Receipt for Payment of Conveyance Fee

The conveyance fee required by Ohio Revised Code section (R.C.) 319.54(G)(3) and, if applicable, the fee required by R.C. 322, in the total amount of \$ \_\_\_\_\_ has been paid by \_\_\_\_\_ and received by the \_\_\_\_\_ county auditor.

<p>CERTIFICATION OF PAYMENT</p> <p>09/09/2021</p> <p>CHIEF # 53365</p> <p>CLERK # 3795</p> <p>CONVEYANCE FEE \$150.00</p> <p>CONVEYANCE FEE \$150.00</p> <p>CONVEYANCE FEE \$150.00</p> <p>TRANSFER FEE \$0.50</p> <p>TOTAL \$450.50</p> <p>CHEK # 1</p> <p>TIME 12:14</p> <p>BY <u>[Signature]</u> DEPUTY AUDITOR</p>	<p>County Auditor</p> <p>09/09/2021</p> <p>CHIEF # 53365</p> <p>CLERK # 3795</p> <p>CONVEYANCE FEE \$150.00</p> <p>CONVEYANCE FEE \$150.00</p> <p>CONVEYANCE FEE \$150.00</p> <p>TRANSFER FEE \$0.50</p> <p>TOTAL \$450.50</p> <p>CHEK # 1</p> <p>TIME 12:14</p>
--	--

THE CONVEYANCE FEE ON THE PROPERTY DESCRIBED OF .40 CENTS PER 100 DOLLARS OF TOTAL CONSIDERATION OR VALUE, OR \$4.00 WHICHEVER IS GREATER IN THE AMOUNT OF (SEE CERTIFIED AMOUNT) HAS BEEN PAID.

By \_\_\_\_\_  
Sales Ratio: \_\_\_\_\_ % ☐ - Usable ☐ - Non Usable  
**ALL COPIES MUST BE SUBMITTED INTACT AT TIME OF PAYING FEE.**  
**THIS DOCUMENT IS INVALID UNLESS CERTIFIED WITH THE COUNTY AUDITOR'S SIGNATURE.**

**JOHN S. FEDERER**  
**CLARK COUNTY AUDITOR**  
**COUNTY AUDITOR'S COPY**



If exempt by Ohio Revised Code section 319.54(G)(3), use form DTE 100(EX).

TYPE OR PRINT ALL INFORMATION.

TYPE OR PRINT ALL INFORMATION.				
Type Instrument <u>W.D</u>	Tax list year <u>2020</u>	County number <u>12</u>	Tax. dist. number <u>1020</u>	Date <u>9/9/2021</u>
Property located in <u>Derma Ave</u> taxing district			Number <b>3794</b> No. of Parcels <u>1</u>	
Name on tax duplicate <u>Mary E</u> Tax duplicate year <u>2020</u>				
Acct. or permanent parcel no. <u>050-06-00018-101-011</u> Map book <u>6</u> Page <u>18</u>				
Description _____ <input type="checkbox"/> Platted <input type="checkbox"/> Unplatted				

Auditor's comments: ☐ Split ☐ New plat ☐ New Improvements ☐ Partial value  
☐ C.A.U.V ☐ Building removed ☐ Other \_\_\_\_\_

**Grantee or Representative Must Complete All Questions In This Section. See Instructions on reverse**

1. Grantor's name Gary B. Mader Phone \_\_\_\_\_  
2. Grantee's name Gayatri 2 Drive Thru, LLC Phone \_\_\_\_\_  
Grantee's address 9650 Summit Point Drive Apt. 206, Miamisburg, OH 45342  
3. Address of property 1730 Tray Road, Springfield, OH 45504  
4. Tax billing address 9650 Summit Point Drive, Apt. 206, Miamisburg, OH 45342  
5. Are there buildings on the land? ☒ Yes ☐ No If yes, check type:  
☐ 1, 2 or 3 family dwelling ☐ Condominium ☐ Apartment: No. of units \_\_\_\_\_  
☐ Manufactured (mobile) home ☐ Farm buildings ☒ Other Retail / Commercial  
If land is vacant, what is intended use? \_\_\_\_\_  
6. Conditions of sale (check all that apply) ☐ Grantor is relative ☐ Part interest transfer ☐ Land contract  
☐ Trade ☐ Life estate ☐ Leased fee ☐ Leasehold ☐ Mineral rights reserved ☐ Gift  
☐ Grantor is mortgagee ☒ Other Fee Simple  
7. a) New mortgage amount (if any) ..... \$ \_\_\_\_\_  
b) Balance assumed (if any) ..... \$ \_\_\_\_\_  
c) Cash (if any) ..... \$ ~~100,000.00~~  
d) Total consideration (add lines 7a, 7b and 7c) ..... \$ \$85,000.00  
e) Portion, if any, of total consideration paid for items other than real property ..... \$ \_\_\_\_\_  
f) Consideration for real property on which fee is to be paid (7d minus 7e) ..... \$ 85,000.00  
g) Name of mortgagee \_\_\_\_\_  
h) Type of mortgage ☐ Conv. ☐ F.H.A. ☐ V.A. ☐ Other \_\_\_\_\_  
i) If gift, in whole or part, estimated market value of real property ..... \$ \_\_\_\_\_  
8. Has the grantor indicated that this property is entitled to receive the senior citizen, disabled person or surviving spouse homestead exemption for the preceding or current tax year? ☐ Yes ☒ No If yes, complete form DTE 101.  
9. Has the grantor indicated that this property qualified for current agricultural use valuation for the preceding or current tax year? ☐ Yes ☒ No If yes, complete form DTE 102.  
10. Application for owner-occupancy (2.5% on qualified levies) reduction. (Notice: Failure to complete this application prohibits the owner from receiving this reduction until another proper and timely application is filed.) Will this property be grantee's principal residence by Jan. 1 of next year? ☐ Yes ☒ No If yes, is the property a multi-unit dwelling? ☐ Yes ☐ No  
I declare under penalties of perjury that this statement has been examined by me and to the best of my knowledge and belief it is a true, correct and complete statement.  
Signature of grantee or representative Gary B. Mader Date 9/6/2021

Number <b>3794</b>
No. of Parcels <b>1</b>
DTE Code No. <b>400</b>
Neigh. Code
No. of Acres
Land Value <b>5900</b>
Bldg. Value <b>53,990</b>
Total Value <b>59690</b>
DTE Use Only
DTE Use Only
DTE Use Only
Consideration
DTE Use Only Valid sale 1. Yes      2. No
Receipt Number

### Receipt for Payment of Conveyance Fee

The conveyance fee required by Ohio Revised Code section (R.C.) 319.54(G)(3) and, if applicable, the fee required by R.C. 322, in the total amount of \$ 200.00 has been paid by John J. Gorman and received by the Franklin county auditor.

CERTIFICATION OF PAYMENT

09/09/2021 THU

#5538668

CHECK # 3794

LICENSE #

COMETANCE FEE \$85.00

COMETANCE FEE \$85.00

ADMETANCE FEE \$85.00

OLIS FEE \$85.00

TRANSFER FEE 10.50

CHECKS PAID \$340.50

TOTAL \$340.50

CHECK \$340.50

CHECK # = 1

TIME 12:13

COUNTY CLERK 1

COUNTY AUDITOR

DEPUTY AUDITOR

THE CONVEYANCE FEE ON THE PROPERTY DESCRIBED OF .40 CENTS PER 100 DOLLARS OF TOTAL CONSIDERATION OR VALUE, OR \$4.00 WHICHEVER IS GREATER IN THE AMOUNT OF (SEE CERTIFIED AMOUNT) HAS BEEN PAID.

By \_\_\_\_\_

Sales Ratio: \_\_\_\_\_ % ☐ - Usable ☐ - Non Usable  
**ALL COPIES MUST BE SUBMITTED INTACT AT TIME OF  
 PAYING FEE.**

**PAYING FEE.**  
THIS DOCUMENT IS INVALID UNLESS CERTIFIED WITH THE COUNTY  
AUDITOR'S SIGNATURE.

JOHN S. FEDERER  
CLARK COUNTY AUDITOR

COUNTY AUDITOR'S COPY



SEP 10, 2021  
04:11 PM  
ASSESSED VALUES

CLARK COUNTY  
TRANSFER LIST - 202010-SEP-2021  
FROM 06-SEP-2021 TO 10-SEP-2021  
JURISDICTION: 000 ROLTYPE: RE\_OH

PAGE: 3  
A11180H

PARCEL/ALPID/DT CHG	OLD OWNER	NEW OWNER	LEGAL DESCRIPTION	ASMT L/B CL	ACRES/FW/HW	# / \$ / DT	YR
050-02-00015-000-026	STIMOUR MOLLY M	4210 WILLOWDALE ROAD LLC	PT S W QR	33960 A 43230	20.1800 N	3814 300000	22 09/09/21 2
09/09/21							
050-06-00018-101-011	MAHER GARY R	GAYATRI 2 DRIVE TRUPD LLC	PT N W QR	5920 C 53770	.5100 N	3794 85000	22 09/09/21 1
050-06-00018-102-001	MAHER GARY R & WILLIAM C	GAYATRI 2 DRIVE TRUPD LLC	PT N W QR	11690 R 18080	2.0000 N	3795 150000	22 09/09/21 1
09/09/21							
080-12-00005-000-030	KITCHEN RICHARD LEE & JOHN LEE	KIRCHEN RICHARD L & JOHN L	PT N W QR S E N	6660 A 0	23.3500 N	3824 0	22 09/10/21 1
09/10/21							
080-12-00005-000-032	WELLER MICHAEL THOMAS & JENNIFER ANN	WELLER MICHAEL THOMAS	PT S W QR SEC 5	13620 R 28630	3.0600 N	3786 0	22 09/08/21 1
09/08/21							
090-12-00029-000-028	HOLDER ZACHARY D	PALMER JOSHUA DAVID & TIFFANY KIDD	PT S W QR	7220 R 45090	.5700 N	3779 253000	22 09/08/21 1
09/08/21							
130-08-00024-000-023	CHILES DALE O	CHILES LOIS ELAINE	PT S E QR	8460 R 39340	1.1000 N	3754 0	22 09/07/21 1
09/07/21							
130-08-00024-000-137	SHULL JULIE	CARPENTER LORI W & BRANDI L	PT N W QR	11870 R 93400	2.7400 N	3748 300000	22 09/07/21 1
09/07/21							
160-16-06655-000-007	BATTIN JACQUELINE C	BATTIN JACQUELINE C	LADD & NORVELL	9600 R 43790	1.0000 N	3790 0	22 09/09/21 1
09/09/21							



## Mailing Address | Clark County OH - PRODUCTION

Parcel ID: 0500600018101011 **GAYATRI 2 DRIVE THRU LLC** 1730 TROY RD SPRINGFIELD OH 45504 2020

Add Record Copy Record Copy From Adv. Copy Deactivate Alerts Reassign Abandon Save Validate Commit Quick View Print Run Reports Docs & Photos Quick Links  
PRIOR YEAR - 2020

## Tax Mailing Tax Bill NOTES (TX19)

Year	Mailing Name	V_	Who	When	Whocalc	Whencalc	Record	Status
2020	GAYATRI 2 DRIVE THRU LLC	1	NATALIEJ	17-SEP-2021 09:41 AM			<u>Current</u>	
2020	GARY R MADER	0	EOY ROLL	25-NOV-2020 03:18 PM			History	

## Tax Mailing:

Reason for Change: T: Transfer/Title

Linkage #:

Hide Name:

Letter Code:

Effective Date:

17-SEP-2021

Begin Date:

End Date:

Mailing Name:

GAYATRI 2 DRIVE THRU LLC

COPY OWNER

Address Format:

N: US NATIONAL

Address:

Description:

Building Unit #:

Address 1:

9650 SUMMIT POINT DR APT 106

Address 2:

Address 3:

City:

MIAMISBURG

State: OH

Zip: 45342

Country:

Postal Code:

Telephone:

SSN:

Fax:

Federal ID:

Email:

State ID:

*address  
at time  
of transfer*

# Parcel Number | Clark County OH - PRODUCTION

PARID 0500600018101011  
NBHD 050C0000  
GAYATRI 2 DRIVE THRU LLC

JUR 000  
ROLL RP\_OH  
1730 TROY RD

1 of 1  
Return to Search Results  
Tax Year 2024

## Tax Summary

Rolltype	Effective Year	Project	Cycle	Original Charge	Adjustments	Payments	Total
RP_OH	2022	1	1	\$2,114.30	\$191.60	\$2,305.90	\$0.00
RP_OH	2022	2	2	\$2,075.72	\$402.36	\$2,478.08	\$0.00
RP_OH	2023	1	1	\$1,932.21	\$182.00	\$2,114.21	\$0.00
RP_OH	2023	2	2	\$1,819.96	\$382.19	\$1,637.96	\$564.19
RP_OH	2024	1	1	\$1,876.96	\$0.00	\$0.00	\$1,876.96
RP_OH	2024	2	2	\$1,876.96	\$0.00	\$0.00	\$1,876.96
Total:				\$11,696.11	\$1,158.15	\$8,536.15	\$4,318.11

### Actions

- Edit Current Record
- Neighborhood Sales
- Printable Summary
- Printable Version

### Reports

Mailing List

Ohio Tax Bill

View Report Status GO

Remission of  
Penalty  
2022 x 2023  
delinquent  
2 yrs x 2 yrs tied off  
2 yrs delinquent  
2 yrs NOW PAYMENT

- Profile
- Sales
- Land
- Value History
- Outbuildings
- Residential
- Commercial
- Permits
- Values
- Pretax
- Tax Summary
- Tax Distribution
- Tax Detail
- Escrow
- Tax History
- Payment History
- Special Assessments
- Special Asmt Payoff
- Spec Asmt Projects
- Sketch
- Maps
- Pictometry
- Cyclomedia
- Photos
- Documents
- Comparables



**PAMELA LITTLEJOHN**  
**CLARK COUNTY TREASURER**  
P.O. BOX 1305  
SPRINGFIELD, OH 45501  
937-521-1832

**REAL PROPERTY**  
**1st HALF 2024**  
**DUE 02/28/2025**

PARCEL LOCATION: 1730 TROY RD

PARCEL ID: 050-06-00018-101-011

TAX DISTRICT: GERMAN TOWNSHIP NWLSD

OWNER NAME: GAYATRI 2 DRIVE THRU LLC

STUB # 1018

LEGAL INFORMATION:  
PT N W QR

900

HENICK LLC  
1730 TROY RD  
SPRINGFIELD OH 45504

Gross Tax Rate 67.58 Non Business Credit Factor .088397 Acres .51  
Reduction Factor .069400355 Owner Occupancy Credit Factor .022099 Class C  
Effective Tax Rate 62.889924 LUC 420

**APPRAISED VALUE**

Land	Improvement	Total
16,900	153,620	170,520

**TAX VALUES**

**CURRENT TAX DISTRIBUTION**

Gross Real Estate Tax	4,033.90	Clark County	896.24
Reduction Factor	-279.98	German Twp Exc Tremont C	490.81
Subtotal	3,753.92	German Twp	18.47
Non Business Credit	0.00	Northwestern Lsd	2,044.05
Owner Occupancy Credit	0.00	Springfield Clark County Jvsd	165.78
Homestead Reduction	0.00	Clark County Health & Libran	138.57
CAUV Recoupment	0.00		
CAUV Rollback	0.00	Special Assessment	0.00
Current Net Real Estate Taxes	3,753.92		
Current Special Assessments	0.00		

**TAXABLE VALUE**

Land	Improvement	Total
5,920	53,770	59,690

HOMESTEAD	CAUV Value	TIF Value
	0	

**SPECIAL ASSESSMENT**

Proj# and Description	Delinquent	Current
Total	0.00	0.00

Current Net Taxes & Asmts (Year)	3,753.92	Total	3,753.92
Current Net Taxes & Asmts (Half)	1,876.96		
Penalties	1,158.15		
Interest	470.31		
Adjustments	0.00		
Delq Real Estate	7,471.88		
Delq Special Assessments	0.00		

**FULL YEAR TOTAL** 12,854.26  
**PAYMENTS** 8,536.15  
**OTHER CREDITS**  
**HALF YEAR DUE** 2,441.15  
TaxBill prepared on 01/22/25

*CURRENT  
2024  
TAX  
STATEMENT*

**TO AVOID 10% PENALTY  
PAY ON OR BEFORE**

**02/28/25**

If you need a stamped receipt, return entire bill with a self - addressed stamped envelope. No receipt will be returned unless requested

Your cancelled check is a valid receipt

Return Bottom Portion with Payment

**PAMELA LITTLEJOHN**  
**CLARK COUNTY TREASURER**  
P.O. BOX 1305  
SPRINGFIELD, OH 45501  
937-521-1832

**REAL PROPERTY**  
**1st HALF 2024**  
**DUE 02/28/2025**

PARCEL LOCATION: 1730 TROY RD

PARCEL ID: 050-06-00018-101-011

OWNER NAME: GAYATRI 2 DRIVE THRU LLC

MAKE CHECK PAYABLE TO:  
**PAMELA LITTLEJOHN, CLARK COUNTY TREASURER**

TaxBill prepared on 01/22/25  
Page/Line: 3416/1  
900

STUB # 1018

**PAY THIS AMOUNT**

HALF YEAR: \$2,441.15

FULL YEAR: \$4,318.11

HENICK LLC  
1730 TROY RD  
SPRINGFIELD OH 45504

00000500600018101011000005641900002441150000431811