



## Application for Personal Income Tax Refund

<p>File this application in <b>duplicate</b> with:</p> <p>Ohio Department of Taxation Attn: Income Tax Division – Ohio IT AR P.O. Box 2476 Columbus, OH 43216-2476</p>	<ul style="list-style-type: none"><li>✓ Type or print in ink.</li><li>✓ Retain a copy for your records.</li><li>✓ Personal income tax refunds are governed by Ohio Revised Code (R.C.) section 5747.11.</li><li>✓ Payment of interest at the rate prescribed by R.C. section 5703.47 is issued on all refunds granted.</li><li>✓ You may file the Ohio IT AR only after you have filed an Ohio income tax or school district income tax return (Ohio IT 1040, IT 1040EZ or SD 100).</li></ul>
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For year beginning \_\_\_\_\_, 20 \_\_\_\_\_ and ending \_\_\_\_\_, 20 \_\_\_\_\_

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. SSN \_\_\_\_\_ Spouse's SSN \_\_\_\_\_  
(if married filing jointly)

4. Amount of refund claimed:

a. By payment of an illegal or erroneous assessment:

Assessment date \_\_\_\_\_ Assessment serial # \_\_\_\_\_ \$ \_\_\_\_\_

b. By other payment to Ohio Treasurer of State ..... \$ \_\_\_\_\_

c. Total amount of refund claimed (prior to calculation of interest) ..... \$ \_\_\_\_\_

5. State full and complete reasons for above claim. Include additional sheets, if necessary.

6. Here's a listing of my income tax payments for the year (include additional payment schedule, if necessary):

Type	Amount	Type	Amount
Tax withheld		Any additional income tax paid	
Estimated tax paid and overpayment carryforward from previous year		Less: Refund(s) previously claimed (even if not yet received)	( )
Tax paid with original return		<b>Net Payments</b>	<b>\$</b>

Person responsible for the filing of this refund application. **I declare under penalty of perjury that I am the taxpayer or that I am an authorized agent of the taxpayer and I have knowledge of the relevant facts in the matter to file this refund application.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone number \_\_\_\_\_

Contact person (if different from the person responsible for filing this refund application).

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ Fax number \_\_\_\_\_

City, state, ZIP code \_\_\_\_\_ Daytime phone number \_\_\_\_\_

E-mail \_\_\_\_\_

**For state use only**