



Application for Personal Income Tax Refund

<p>File this application in duplicate with:</p> <p>Ohio Department of Taxation Attn: Income Tax Division – Form IT AR P.O. Box 2476 Columbus, OH 43216-2476</p>	<ul style="list-style-type: none"> ✓ Please type or print in ink. ✓ Retain a copy for your records. ✓ Personal income tax refunds are governed by Ohio Revised Code (R.C.) section 5747.11 ✓ Payment of interest at the rate prescribed by R.C. section 5703.47 is issued on all refunds granted
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For year beginning _____, 20 _____ and ending _____, 20 _____

1. Name _____

2. Address _____

3. Social Security # _____ Spouse's Social Security # _____

(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. Attach additional sheets, if necessary.

6. Here's a listing of my income tax payments for the year (attach 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		Net Payments	\$

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