



Application for Personal Income Tax Refund

File this application in **duplicate** with:

Ohio Department of Taxation
Attn: Income Tax Division – Form IT AR
P.O. Box 2476
Columbus, OH 43216-2476

- ✓ 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

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