Ohio | **Department of Taxation**

10211411

Individual and School District Income Tax Refund Application

Important: 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 or SD 100).

Taxpayer SSN	Taxpayer Name
Spouse's SSN	Spouse's Name

Address, City, State, and ZIP code	
Contact number	Email address

Tax Type (check one):

☐ Individual Income ☐ School District Income

Assessment no. (if applicable)

Refund Requested: Use this section to calculate your refund. Refer to your Ohio IT 1040 or SD 100 for these amounts.

1. Ohio or school district income tax withheld ....1. _____

2. Estimated and extension payments and credit carryforward from a previous tax year.............................2. _____

3. Amounts previously paid with original and/or amended returns or an assessment ....3. _____

4. Refundable credits (individual income tax only) ....4. _____

5. Total payments (add lines 1 through 4) ....5. _____

6. Refunds previously requested...6. _____

7. Net payments (line 5 minus line 6) ....7. _____

8. Total Ohio or school district tax liability (Ohio IT 1040, line 13 or SD 100, line 6)....................................8. _____

9. **Refund requested prior to the calculation of interest** (line 7 minus line 8) ....9. _____

State the full and complete reasons for the above claim. You may attach additional sheets and/or supporting documentation.

Sign Here (required): I have reviewed this refund application and all attachments. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

▶ Primary signature _____ Phone number _____

▶ Spouse's signature _____ Date _____

The following individual represents the taxpayer in this matter. Please attach form TBOR 1.

Preparer name _____ PTIN _____

Contact number _____ Email address _____

Mail or fax this application along with all supporting documentation to:

Ohio Department of Taxation
Attn: Income Tax Division – Ohio IT AR
P.O. Box 182847
Columbus, OH 43218-2847

Fax: 253-234-1372

Department Use Only: ☐☐☐☐☐☐☐☐☐☐☐