



Tax Year			



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). Additionally, you must submit a separate application for each tax year and/or tax type for which you are requesting a refund.

Taxpayer SSN		Taxpayer Name	
Spouse's SSN		Spouse's Name	
Address, City, State, and ZIP code			
Contact number		Email address	
Tax Type (check one): <input type="checkbox"/> Individual Income <input type="checkbox"/> 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 _____		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
The following individual represents the taxpayer in this matter. Please attach form TBOR 1. Preparer name _____ PTIN _____ Contact number _____ Email address _____		

Federal Privacy Act Notice: Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

Department Use Only:

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