



## Application for Personal and School District Income Tax Refund

**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, IT 1040EZ or SD 100).

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 # \_\_\_\_\_ \$ \_\_\_\_\_

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

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

### 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.

File this application in **duplicate** with:  
Ohio Department of Taxation  
Attn: Income Tax Division – Ohio IT AR  
P.O. Box 2476  
Columbus, OH 43216-2476