

Funds Transfer Request Form

Ohio Revised Code Section 5705.16

Taxing Authority of Political Subdivision Requesting:

Name:

Street address:

City:

County:

State:

ZIP code:

Daytime phone number:

E-mail address:

1. Please state reason and/or necessity for the requested transfer.

2. Identify the transferor fund:

3. Amount to be transferred:

4. Source(s) of revenue in the transferor fund; e.g., tax levies, fees, grants, sales of surplus property.

5. If the fund includes tax levy proceeds, provide the type of levy; e.g., property, sales or income tax.

5a. Amount of the levy:

Please provide Revised Code under which it is authorized:

6. Current unencumbered balance of the transferor fund:

7. Please provide total expenditures of the transferor fund for the last 3 fiscal years:

8. Please provide total revenue of the transferor fund for the last 3 fiscal years:

9. Please provide ending fund balance of the transferor fund for the last 3 fiscal years:

10. Will the transferor fund be used after the transfer?

☐ Yes ☐ No

11. Are the funds to be transferred the unexpended balance in a bond retirement fund?

☐ Yes ☐ No

12. Does the taxing authority have any sinking fund or outstanding bond obligations?

☐ Yes ☐ No

13. Identify the transferee fund:

14. What is the purpose of the transferee fund:

15. Has the taxing authority completed a similar fund transfer in the past five years?

☐ Yes ☐ No

15a. Please provide the dates and amounts for similar fund transfers:

16. Is this transfer at the recommendation of the Auditor of State?

☐ Yes ☐ No

16a. Please describe:

17. Is the taxing authority currently, or has ever been, in a state of fiscal caution, watch, or emergency?

☐ Yes ☐ No

Please attach a copy of the ordinance or resolution authorizing the transfer.

Send Hardcopy Submissions To:

Ohio Department of Taxation
Tax Equalization Division
P.O. Box 530
Columbus, OH 43216-0530

E-mail Submissions To:

FundTransfers@tax.state.oh.us