Ohio | **Department of Taxation**

10211411

IT AR
Individual and School District Income Tax Refund Application

You **must** submit a separate application for each tax year/type for which you are requesting a refund. Additionally, you **cannot** request a refund of erroneously withheld Ohio or school district income tax using this form; you **must** file a properly completed 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 ....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 declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

▶ 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 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

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. 42 U.S.C. 405 and Ohio Revised Code sections 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.