**Seller’s Questionnaire Regarding Title Transfer**

**TAB through the boxes, they will expand as you type**

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| --- |
| **Seller’s (Your) Name:****Buyer’s Name:**  **VIN:** **Title Number:** **Year:**  **Model:** **Make:** |

1. Did you receive any payments (cash, check or money order) from the buyer?

     YES, amount of money received from buyer $

     NO (Proceed to question 2)

1. Was the balance of your loan assumed or paid off by the buyer? (do not include the amount from line 1)

     YES, amount of your loan assumed or paid by the buyer $

     NO (Proceed to question 3)

1. Did you trade vehicles with the buyer or receive any other services or property?

     YES (Proceed to questions 3a and 3b)

     NO, (Proceed to question 4)

1. If you traded vehicles, describe the vehicle that **you** received:

Year       Make       Mode

What was the value of the vehicle **you** received? $

If you received any other service or property, please describe:

What was the value of this service or property? $

1. Total amount of lines 1 through 3 $

Were there any other circumstances involved in the transfer of the title? If yes, please explain:

Daytime phone number

Email Address

I declare under penalties of perjury that this questionnaire has been examined by me and to the best of my knowledge and belief, is true, correct, and complete.

Any false representation of the price would be in violation of Ohio Revised Code section 2921.13. Violation of this section is punishable by a fine of up to $1,000 or six (6) months imprisonment, or both.

Signature Date

Please return the form to us by one of the following methods or call us with the information at 1-888-405-4039.

Email: [MVSeller.Group@tax.state.oh.us](mailto:MVSeller.Group@tax.state.oh.us)

Fax: 1-206-984-2940

Mail: Ohio Department of Taxation

PO Box 182837

Columbus, OH 43218-2837

TTY/TDD: 1-800-750-0750