



Department of Taxation

PO Box 182048
Columbus, OH 43218-2048
tax.ohio.gov

Title Transfer Review Program
YOUR IMMEDIATE ACTION IS REQUIRED

NAME
ADDRESS
CITY, ST, ZIP

Month, 00, 2016
Contact ID:

RE: N#: XXXXX
Year:
Model:

As required by law, the [Ohio Department of Taxation](#) is conducting a review of registered [aircraft transactions](#) to verify compliance with [Ohio sales and use tax laws](#).

Please remit \$XX.XX in additional sales and use tax. Make your check payable to "Treasurer – State of Ohio".

Please return your remittance and/or additional documentation to the address above by Date 00, 2016.

If you do not respond to this communication, the [Department](#) will issue an [assessment](#), based on the information currently in its possession, for use tax, [interest](#), and additional penalties under [Ohio Revised Code 5741.13](#), which provides, in part:

If any person required by [Section 5741.12 of the Revised Code](#) to make a return to the Tax Commissioner fails to make such return at the time required by or under the authority of such section, the Commissioner may make an [assessment](#) against such person, based on any information within the Commissioner's possession.

If you have any questions, please contact us.

Compliance Division
Email: Vehicle.Group@tax.state.oh.us
Phone: 1-888-405-4039
Fax: 1-206-984-2940
TTY/TDD: 1-800-750-0750

ARST0003

1 of 2

Ohio Universal Payment Voucher
Bill Payment (03)
Use Tax (608)

Reporting Period:

Account #
Contact ID:
Title #:

NAME
ADDRESS
CITY, ST, ZIP

****STATE USE ONLY****

DO NOT fold or staple...

[Ohio Department of Taxation](#)
PO Box 182048
Columbus, OH 43218-2048

Amount Owed: \$

Enter Amount Paid: \$

608 6 03 XXXXXXXXXXXXXXXX 3 000000 0 555

