



Department of Taxation

Title Transfer Review Program
YOUR IMMEDIATE ACTION IS REQUIRED

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

NAME
ADDRESS
CITY, ST, ZIP

Month 00, 2016
Contact ID:
Title #:

RE: VEHICLE YEAR, MAKE, MODEL	Purchase Price \$
VIN (Vehicle Identification Number): County:	Purchase Date: 00/00/2016
Exemption Type Claimed:	

Thank you for responding to our recent request for information regarding the above referenced motor vehicle claim.

Based upon the information received, the above referenced purchase does not qualify for the exemption and is therefore subject to [sales/use tax](#). Please submit your payment of \$XX.XX by sending a check or money order, payable to the Treasurer - State of Ohio, with the Title # on the memo line and a copy of this notice in the envelope provided.

Failure to remit full payment by Date 00, 2016 will result in the issuance of an [assessment](#) for the tax due, plus applicable [penalties](#) and [interest](#).

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

TDST0001

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**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