



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:
Title #:

RE: (year and type of vehicle)	Purchase Price: \$
VIN: (vehicle identification number) County:	Purchase Date: 00/00/0000
Exemption Type Claimed: Direct use in a Public Utility Service	

The [Ohio Department of Taxation](#) is conducting an audit of the above referenced motor vehicle [exemption](#) claim. Our records show that an [exemption certificate](#) was presented and therefore no tax was paid on the above referenced transaction.

In order to validate your claim of [sales/use tax](#) exemption, we are requesting that you submit a detailed description of how the vehicle is being used with supporting documentation (i.e. sales invoices, work orders, etc.) and a copy of this notice in the envelope provided.

If a tax liability is determined to be due after reviewing the requested documentation, you will be notified accordingly.

If the [exemption](#) was claimed in error, please submit your payment of \$XX.XX by sending a check or money order, payable to the Treasurer - State of Ohio, with the Title #: XX-XXXXXXX on the memo line and a copy of this notice in the envelope provided. We do not accept payments online.

Failure to respond with the requested information by Month 00, 2016 will result in the issuance of an [assessment](#) for the calculated 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