



**Department of
Taxation**
P.O. Box 530
Columbus, OH 43216-0530

For State Use Only	
Overrides: Name	Y__N__
Address	Y__N__
___ Bnkprty	
___ Cbs	
___ R625	

RT AR
Rev. 8/11

For State Use Only
State File No.

Application for Resort Tax Refund

The following information refers to the person/entity submitting the application for refund of tax claimed to have been erroneously paid to the State of Ohio. Additional information is on the back. THE ORIGINAL AND ONE COPY OF THE RT AR MUST BE FILED. Only one set of backup documents is needed.

Please type or print clearly.

- Resort tax account number, if applicable _____
- Time period covered by the refund request _____ to _____
- Name of applicant _____
- Address _____
- Federal employer identification number or Social Security number _____
- Only one amount should be included in this section. Please see instruction #2 on page 2.
 - Erroneous payment made on tax return or voluntary payment \$ _____
 - Erroneous payment made on assessment and/or case # \$ _____
- State basis for claiming refund. In order for your claim to be considered

8. I hereby attest that I am the taxpayer(s) or their authorized agent. I declare under penalties of perjury that this claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is true, correct and complete.

The taxpayer(s) will be represented in this matter by:

Name _____	Taxpayer _____
Address _____	Signature/date _____
Telephone _____ Fax _____	Telephone _____ Fax _____
E-mail _____	E-mail _____

FOR OFFICE USE ONLY

Central Office Processing

Claimed _____	Inc/red _____	Deallocation _____
Xfer tax _____	TOS Ck _____	
Xfer int _____	Net to txpr _____	Approved: Date _____ Agent _____
Int to txpr _____	Txpr ck _____	Reviewed: Date _____ Agent _____

Total Approved _____

1. Lines 1 through 8 on the front of this application must be completed, if applicable. Please type or print in ink.
2. All lines in section 6 on the front of this application may not contain information. If figures need to be entered on more than one line, multiple refund applications must be submitted.
3. THE ORIGINAL AND ONE COPY OF THE RT AR MUST BE FILED. Only one set of back-up documents is needed. Please make a copy of the application for your records. Mail to:

Ohio Department of Taxation
Attn: Sales and Use Tax Compliance Unit
P.O. Box 530
Columbus, OH 43216-0530

4. This application must be filed in accordance with R.C. sections 5739.104 and must be filed within four years from the date of the erroneous payment of the tax. If you choose to have someone else represent you for this refund, you must complete section 8 on the front of the application or submit a power of attorney or state of Ohio form TBOR 1.
5. When a refund is granted under O.R.C. section 5739.104, it shall include interest thereon as provided by R.C. section 5703.47.
6. In the event that any person/entity entitled to a refund is indebted to the state of Ohio, the amount of such indebtedness that is due and payable shall be certified to the auditor of state by the tax commissioner, along with their determination upon the application for refund. A warrant, up to the amount of any indebtedness, shall be drawn payable to the Ohio Treasurer of State in satisfaction of the amount due the state as authorized in R.C. sections 5739.072 and 5741.101. Any excess of such indebtedness shall be drawn payable to the applicant.