



Application for Refund of Other Tobacco Products Tax

Please Insert:

Account number
Claimant's file number

For the period from

_____, 20 ____ to
_____, 20 _____, inclusive

For State Use Only

State file no.

- Name _____
Print name as shown on license
- Business address _____
Street City State ZIP code
- Mailing address _____
(If other than line 2) Street City State ZIP code
- Federal Employer Identification Account No. or Social Security number

Employer Identification Account No.

Social Security No.		
- By an illegal or erroneous payment to Treasurer of State \$ _____
- By an illegal or erroneous assessment: Assessment no. _____ \$ _____
- Sales outside Ohio..... \$ _____
- Returns to the manufacturer..... \$ _____
- Destroyed by taxpayer (prior approval must be obtained)..... \$ _____
- Total amount of claim..... \$ _____
- State full and complete reason for above claim: _____

For State Use Only	I declare under penalties of perjury that this report, including any accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete report. Claimant _____ Title _____ Date _____
To district _____	
Unpaid assessments _____	
Payable to Ohio Treasurer of State _____	
Refund due claimant _____	

Instructions: An application for reimbursement of the total amount indicated above must be filed in accordance with the provisions relative thereto as set forth in Section 5743.53 of the Ohio Revised Code. The absence of complete records in support of the above application will constitute justifiable ground for disallowance of the claim. Applications shall be filed with the tax commissioner, on the form prescribed by him for such purpose, within three years from the date of such illegal or erroneous payment of the tax.

If the applicant who is entitled to a refund under Section 5743.53 of the Revised Code is indebted to the state of Ohio for any tax administered by the tax commissioner, or any charge, penalties, or interest arising from such tax, the

amount allowable on the application for refund first shall be applied in satisfaction of the debt. A warrant, up to the amount of such indebtedness, shall be drawn payable to the Treasurer of State to satisfy the amount due to the state of Ohio as authorized by Section 5743.53(C) of the Revised Code. Any amount in excess of such indebtedness shall be drawn payable to the applicant.

The applicant should assign a claim file number beginning with No. 1 in the space provided. In this way, all claimants submitting claims will have a claim number sequence. The claim must be sent to the Department of Taxation, Attn: Excise and Energy Tax Division, P.O. Box 530, Columbus, OH 43216-0530.