



**Department of Taxation**

P.O. Box 530  
Columbus, OH 43216-0530

TR 3  
Rev. 4/08

|                     |
|---------------------|
| Account No.         |
| Claimant's File No. |

### Application for Refund of Tire Fee

for the period from

\_\_\_\_\_, 20\_\_\_\_ to  
\_\_\_\_\_, 20\_\_\_\_, inclusive

For State Use Only

|                |
|----------------|
| State File No. |
|----------------|

1. Name \_\_\_\_\_  
Print name as shown on license

2. Business address \_\_\_\_\_  
Street City State ZIP code

3. Mailing address \_\_\_\_\_  
(if other than line 2) Street City State ZIP code

4. Federal employer identification account number or Social Security number .....  
Employer Identification Account No. Social Security No.

5. By an illegal or erroneous payment to Ohio Treasurer of State ..... \$ \_\_\_\_\_

6. Less discount, if applicable ..... \$ \_\_\_\_\_

7. By an illegal or erroneous assessment: Assessment no. \_\_\_\_\_ \$ \_\_\_\_\_

8. Total amount of claim ..... \$ \_\_\_\_\_

9. State full and complete reasons for above claim:

|                                     |
|-------------------------------------|
| <b>For State Use Only</b>           |
| To district _____                   |
| Unpaid assessments _____            |
| Payable to Treasurer of State _____ |
| Refund due claimant _____           |

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 return and report.

Claimant \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**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 Ohio Revised Code section (R.C.) 3734.905. 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 four years from the date of such illegal or erroneous payment of the tax.

If the applicant who is entitled to a refund under R.C. section 3734.905 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 Ohio Treasurer of State to satisfy the amount due to the state of Ohio as authorized by R.C. section 3734.905(c). 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 Tax Section, P.O. Box 530, Columbus, OH 43216-0530. If you have any questions regarding this application, please call (855) 466-3921.