



Department of Taxation

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

SV 4
Rev. 4/08

Please Insert

Account No.

For State Use Only

State File No.

Account No.
Claimant's File No.

State File No.

Application for Refund of Severance Tax

For the period from _____, 20____ to _____, 20____, inclusive.

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

7. Total amount of claim \$ _____

8. State full and complete reasons for above claim _____

For State Use Only	
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.) 5749.08. 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 90 days from the date it is ascertained that the payment or assessment was illegal or erroneous; provided, however, that in any event the application must be filed 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 5749.08 is indebted to the state of Ohio for any tax payable to the General Revenue Fund, the amount of such

indebtedness which is due and payable shall be certified to the auditor of state by the tax commissioner with his determination upon the application for refund. A warrant, up to the amount of such indebtedness, shall be drawn payable to the Ohio Treasurer of State to satisfy the amount due the state of Ohio as authorized by R.C. section 5749.09. Any amount in excess of such indebtedness shall be drawn payable to the applicant.

The applicant must assign a claim file number beginning with No. 1 in the space provided above so as to maintain a refund claim file number sequence for reference purposes. 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.