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

Reset Form

ST AR S
Rev. 6/04

Supporting Schedule for ST AR (Application for Sales/Use Tax Refund) To Be Filed When Requesting a Refund on a Motor Vehicle

Vendor's license or account number _____

Name of vendor _____

Address _____

Name of purchaser _____

Address _____

The original transaction column is to be completed when only one vehicle or one certificate of title is involved. Complete both the original transaction and correcting transaction columns when a second vehicle is sold to your customer or when it is necessary to obtain a second certificate of title.

	Original Transaction	Correcting Transaction
1. Body type and make of vehicle		
2. Manufacturer serial number		
3. Selling price excluding sales tax [attach copy of Retail Buyer's Agreement(s)]		
4. Sales tax amount		
5. Sales tax receipt date (attach copy)		
6. Certificate of title number		
7. Certificate of title number when vehicle has been returned to vendor (attach copy)		

In the event the incorrect title was cancelled, furnish a copy of the form that you received from the Bureau of Motor Vehicles (BMV-3711). If you did not receive this form, a copy may be obtained from the county clerk of courts.

8. Amount, including tax, credited to the customer's account. $_____ Date _____

9. If the amount of your customer refund does not agree with the amount on the retail buyer's agreement, please explain the difference. _____

Instructions: You must submit the following in order for this application to be processed: 1) a copy of each receipt listed on line 5, above; 2) copies of all retail buyer's agreements listed on line 3, above; 3) evidence that you have refunded your customer the full purchase price, such as copies of the front and back of your cancelled check or other documents that would substantiate payment. If you have refunded your customer the total payment less the sales tax paid, furnish a statement signed by your customer indicating agreement to wait until you receive a refund from the state before you refund the tax to the customer; and 4) copies of the incorrect and correcting titles listed on lines 6 and 7 above.

FAILURE TO SUBMIT ALL INFORMATION NECESSARY TO SUBSTANTIATE YOUR CLAIM WILL BE JUSTIFIABLE GROUNDS FOR DENIAL.

Send to the Department of Taxation, Attn. Sales Tax Refund Unit, P.O. Box 530, Columbus, Ohio 43216-0530.