



PO Box 182048
Columbus, OH 43218-2048
tax.ohio.gov

NAME
ADDRESS
CITY, ST, ZIP

Month, 00, 2016
Contact ID:
Title #:

| | |
|--|---------------------------|
| RE: (year and type of vehicle) | Purchase Price: \$ |
| VIN: (vehicle identification number) County: | Purchase Date: 00/00/0000 |
| Exemption Type Claimed: Direct Use Farming | |

The [Ohio Department of Taxation](#) is conducting an audit of the above referenced [exemption](#) claim. Our records show that an [exemption certificate](#) was presented [claiming direct use farming](#) and therefore no tax was paid on the above referenced transaction.

In order to validate your claim of [sales/use tax](#) exemption, we are requesting that you provide all of the following information for review. You may either send the information to us through the mail, email, fax or complete the [questionnaire](#) online at [tax.ohio.gov](#) through the [Self Help Library](#) and attach the other requested information.

- A copy of page 1 for your most recently filed federal tax return (i.e. [1040](#), [1065](#), or [1120](#)) showing your farm profit or loss
- A copy of the corresponding federal [Schedule F](#) (Profit or Loss from Farming)
- The [Farm Use questionnaire](#) completed with a percentage of use for each activity that applies to the vehicle totaling 100%

If a tax liability is determined to be due after reviewing the requested documentation, you will be notified accordingly.

If the [exemption](#) was claimed in error, please submit your payment of \$00.00 by sending a check or money order, payable to the Treasurer - State of Ohio, with the Title #: 00-00000000 on the memo line and a copy of this notice in the envelope provided. We do not accept payments online.

Failure to respond with the requested information by Month 00, 2016 will result in the issuance of an [assessment](#) for the calculated tax due, plus applicable [penalties](#) and [interest](#).

If you have any questions, please contact us.

Compliance Division
Email: Vehicle.Group@tax.state.oh.us
Phone: 1-888-405-4039
Fax: 1-206-984-2940
TTY/TDD: 1-800-750-0750

| | |
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FARM USE QUESTIONNAIRE

Please indicate the percentage of use for each activity that applies to the vehicle.
Your total must equal 100%

- Sowing seed _____%
- Cultivating fields _____%
- Spreading fertilizer on fields _____%
- Spraying for insects, weeds, & rodents _____%
- Hauling seed, grain, fertilizer, hay, & feed for livestock _____%
- Loading and unloading manure _____%
- Corralling loose livestock _____%
- Picking up rocks from fields _____%
- Repairing fences _____%
- Field Inspection, soil sampling & testing _____%
- Cutting & hauling wood or brush _____%
- Delivering meals, repair parts or messages to the field _____%
- Transporting harvested crops (within boundaries of the farm) _____%
- Transporting farm machinery (within boundaries of the farm) _____%
- Hauling trash and garbage _____%
- Snowplowing _____%
- Picking up mail _____%
- Recreational activities (e.g. riding, hunting, etc.) _____%
- Other (Be specific) _____%

Total % **100%**

I certify that the information I have given on this [questionnaire](#) is correct.

Signature: _____ Date: _____

Social Security Number or [Federal Employer Identification Number](#): _____

Phone: _____ [Vendor's License](#) (if applicable): _____