



Department of Taxation

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

Title Transfer Review Program
YOUR IMMEDIATE ACTION IS REQUIRED

NAME
ADDRESS
CITY, ST, ZIP

Month, 00, 2016
Contact ID:
Title #:

RE: (year and type of vehicle)	Purchase Price: \$
VIN: (vehicle identification number)	Purchase Date: 00/00/0000
Exemption Type Claimed: Highway Transportation for Hire	

The [Ohio Department of Taxation](#) is conducting an audit of the above referenced motor vehicle [exemption](#) claim. Our records show that an [exemption certificate](#) was presented claiming [transportation for hire](#) 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 complete and return the enclosed [questionnaire](#) or fill it out online at [tax.ohio.gov](#) through the [Self Help Library](#). Enter 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 \$xx.xx by sending a check or money order, payable to the Treasurer - State of Ohio, with the Title #: xx-xxxxxxx 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

Month 00, 2016

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RE: (year and type of vehicle)	Purchase Price: \$
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TRANSPORTATION FOR HIRE QUESTIONNAIRE

Type of Vehicle (ex: tractor, pickup, van, passenger car, etc.): _____

[Commodity](#) hauled: _____

[PUCO](#) or [Motor Carrier Number](#) (also known as ICC Number) number: _____

If you are a [Broker](#) or [Courier](#), for whom do you haul? _____

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

Hauling goods/products/supplies/equipment belonging to others	_____	%
Hauling goods/products/supplies/equipment for yourself	_____	%
Hauling products sold by own business to customers	_____	%
Hauling construction debris or demolition debris	_____	%
Hauling trash or garbage	_____	%
Hauling hazardous waste belonging to others	_____	%
Hauling own hazardous waste	_____	%
Company car (transporting personnel) or repair vehicle	_____	%
Taxi or limousine (Vendor's License required below)	_____	%
Towing services (Vendor's License required below)	_____	%
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): _____