



CR-1 Generic  
Rev. 9/09/10

**Application for Refund of Costs or Charges  
For Cash Register Modifications Required for  
Proper Collection of County or Transit Sales Tax**

County Use Only	
Account No.	
County File No.	
Tax Rate Change Date	

**Name:** \_\_\_\_\_  
Print name as shown on Vendor's License Certificate or name of taxpayer.

**DBA:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

**City, state, ZIP code:** \_\_\_\_\_

**Federal employer identification number  
OR social security number**

Federal Employer Identification No.

Social Security Number

**This application is filed for the sales tax rate increase on (effective date):** \_\_\_\_\_

**Total amount of claim from column (F) on reverse side \$** \_\_\_\_\_

I declare under penalties of perjury that this return or claim (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.

By \_\_\_\_\_  
*Title*

Claimant \_\_\_\_\_ Date \_\_\_\_\_

**Instructions**

If your business is located in a county or regional transit authority that imposes or increases its tax rate, you may be entitled to reimbursement of all or a portion of the charges or costs you incurred in reprogramming your cash register(s).

**Qualifying cash registers:** Are those that you used to compute the correct tax on the date the new tax or increased tax took effect and that could not have been used to compute the tax correctly unless the adjustments or modifications had been made.

**When to file:** You must file within six (6) months of the tax rate increase.

**More than one (1) cash register or more than one (1) location:** You may file a claim covering more than one (1) location of the same business entity and/or more than one (1) cash register provided they are in the same county. If you have locations in different counties, separate claims must be filed for each county.

**Amount to be refunded:** If your claim is approved, for each location you will receive the lesser of: the actual cost for reprogramming or \$100 for one (1) cash register, or \$50 per register if you have more than one (1).

**Supporting documents:** You must attach copies of invoices or other documents demonstrating labor and/or material costs incurred to reprogram your cash registers. All invoices or other documents must indicate the number of cash registers reprogrammed.

Failure to provide any information requested on this application or to maintain complete records in support of the claim will constitute just grounds for denial of the claim. This claim must be filed in accordance with Ohio Revised Code section 5739.212.

Mail original to: Cuyahoga County Fiscal Office  
*Street address:* 1219 Ontario Street  
*Address 2:* Room 121  
*City, State, ZIP Code:* Cleveland, Ohio 44113

**Copy to be retained by applicant.**

**Worksheet for Computation of Refund Pursuant to O.R.C. Section 5739.212**

(A) County, Vendor's License, Business Address		(B) Total Cost or Charge to Reprogram Registers	(C) Total Number of Cash Registers Reprogrammed	(D) Cost/Charges per Register To Reprogram (B)/(C)	(E) \$100 for 1 Register or \$50 Each for 2 or More	(F) Total Refund for This Location [Lesser of (B) or (E)]
<b>Total Refund for All Locations in this County – Carry to “Total Amount of Claim” on front page</b>						\$