



Please do not use staples.



07040103

# UUT 1 Long Rev. 10/06

## Universal Use Tax Return

Account number

Reporting period (mm dd yy)  
 to

For State Use Only  
M M D D Y Y

FEIN or Social Security number

Must be received by (mm dd yy)  
  Please mark here if paid through EFT.

Please mark here if amended return.

Name Address City State ZIP

Please enter the net amount due for this return:

Net amount due \$

**STOP** Use the following lines *only* if you made accelerated use tax payments!

Accelerated payments and credit carryover \$

Balance due \$

Overpayment \$

County Name	County Number	County Tax Rate	Taxable Purchases*		Tax Liability*
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adams	01		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Allen	02		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Ashland	03		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Ashtabula	04		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Athens	05		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Auglaize	06		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>
Belmont	07		<input type="checkbox"/>	<input type="text"/>	<input type="checkbox"/>

Page 1 subtotal (include in net amount due line above)

Additional counties continued on pages 2-4

To Cancel This Account Enter Last Day of Business (mm dd yy)

Do not staple check to form or attach check stub.  
Do not send cash. Make remittance payable to the Ohio Treasurer of State and mail all four pages of this form to:  
**Ohio Department of Taxation**  
P.O. Box 16561  
Columbus, OH 43216-6561

For information about all Ohio taxes, visit our Web site at:

[tax.ohio.gov](http://tax.ohio.gov)

I declare under penalties of perjury that this return, 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.

For State Use Only

Signature Title Date



Ohio Department of TAXATION

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07040203

UUT 1 Long Rev. 10/06 Ohio Universal UseTax Return

Account number

Reporting period (mm dd yy)

to

County Name	County Number	County Tax Rate	Taxable Purchases*		Tax Liability*
			<input type="checkbox"/>	<input type="checkbox"/>	
Brown	08		<input type="checkbox"/>		
Butler	09		<input type="checkbox"/>		
Carroll	10		<input type="checkbox"/>		
Champaign	11		<input type="checkbox"/>		
Clark	12		<input type="checkbox"/>		
Clermont	13		<input type="checkbox"/>		
Clinton	14		<input type="checkbox"/>		
Columbiana	15		<input type="checkbox"/>		
Coshocton	16		<input type="checkbox"/>		
Crawford	17		<input type="checkbox"/>		
Cuyahoga	18		<input type="checkbox"/>		
Darke	19		<input type="checkbox"/>		
Defiance	20		<input type="checkbox"/>		
Delaware	21		<input type="checkbox"/>		
Delaware (COTA)	96		<input type="checkbox"/>		
Erie	22		<input type="checkbox"/>		
Fairfield	23		<input type="checkbox"/>		
Fairfield (COTA)	93		<input type="checkbox"/>		
Fayette	24		<input type="checkbox"/>		
Franklin	25		<input type="checkbox"/>		
Fulton	26		<input type="checkbox"/>		
Gallia	27		<input type="checkbox"/>		
Geauga	28		<input type="checkbox"/>		
Greene	29		<input type="checkbox"/>		
Guernsey	30		<input type="checkbox"/>		
Hamilton	31		<input type="checkbox"/>		
Hancock	32		<input type="checkbox"/>		
Hardin	33		<input type="checkbox"/>		
Harrison	34		<input type="checkbox"/>		
Henry	35		<input type="checkbox"/>		
Highland	36		<input type="checkbox"/>		
Hocking	37		<input type="checkbox"/>		
Holmes	38		<input type="checkbox"/>		

\*If this amount is a negative, please mark an "X" in the box provided.

Page 2 subtotal



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07040303

# UUT 1 Long Rev. 10/06 Ohio Universal UseTax Return

Account number

Reporting period (mm dd yy)

to

County Name	County Number	County Tax Rate	Taxable Purchases*		Tax Liability*
			*If this amount is a negative, please mark an "X" in the box provided.		
Huron	39		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Jackson	40		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Jefferson	41		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Knox	42		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lake	43		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lawrence	44		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Licking	45		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Licking (COTA)	94		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Logan	46		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lorain	47		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lucas	48		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Madison	49		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Mahoning	50		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Marion	51		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Medina	52		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Meigs	53		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Mercer	54		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Miami	55		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Monroe	56		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Montgomery	57		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Morgan	58		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Morrow	59		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Muskingum	60		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Noble	61		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ottawa	62		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Paulding	63		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Perry	64		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pickaway	65		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Pike	66		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Portage	67		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Preble	68		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Putnam	69		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Richland	70		<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Page 3 subtotal



Ohio Department of  
**TAXATION**

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07040403

# UUT 1 Long Rev. 10/06

  

## Ohio Universal UseTax Return

Account number  Reporting period (mm dd yy)  to

County Name	County Number	County Tax Rate	Taxable Purchases*		Tax Liability*
			<input type="checkbox"/>	<input type="checkbox"/>	
Ross	71	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sandusky	72	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Scioto	73	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Seneca	74	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Shelby	75	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stark	76	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Summit	77	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Trumbull	78	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tuscarawas	79	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Union	80	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Van Wert	81	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vinton	82	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Warren	83	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Washington	84	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wayne	85	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Williams	86	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wood	87	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wyandot	88	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<b>State</b>	<b>8922</b>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Subtotal this page

Page 1 subtotal

Page 2 subtotal

Page 3 subtotal

Net amount due\*

\*Enter as net amount due on front page of return (the net amount due cannot be negative).