

Commercial Activity Tax Registration

Please complete in black or blue ink – do not use pencil.

Federal employer identification number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Social security number (if no FEIN)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

For state use only
<input type="text"/>

1. Type of organization (check only one):
- Association/trust C corporation LLC
 LLP LTD (non-U.S.) Partnership (other than LLP) QSSS S corporation
 Single-member LLC Sole proprietorship Other (please describe) _____

If you selected anything other than sole proprietor, please complete Schedule A.

2. Are you a consolidated elected taxpayer, a combined taxpayer or a single entity taxpayer? Check only one.
- Consolidated elected with 80% ownership Consolidated elected with 50% ownership Combined Single entity taxpayer

By checking either consolidated box above, the entities listed on Schedule B of this registration hereby elect to file a consolidated return.

If you are consolidated, are you including your non-U.S. entities (same ownership election as above)?

- Yes No N/A (currently do not have any non-U.S. entity)

3. If you are a consolidated elected taxpayer or a combined taxpayer, please enter the total number of members, including yourself, and complete Schedule B (attached).

4. A. Legal name of entity (sole proprietor complete 4B):

B. Sole proprietor:

Last name

First name

M.I.

5. Trade name or DBA:

6. Primary address:

Address of taxpayer's principal office

City

State

ZIP code

Country (if other than U.S.A.)



Date Received (For state use only)					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Federal employer identification number

Grid for Federal employer identification number

Social security number

Grid for Social security number

7. Contact information

Mailing address (if different from primary)

Mailing address (if different from primary)

City

City

State

State

ZIP code

ZIP code

Country (if other than U.S.A.)

Country (if other than U.S.A.)

Office/home phone number

Office/home phone number

Office/home fax number

Office/home fax number

E-mail address

E-mail address

8. List the state or country under whose laws the taxpayer is organized (if applicable).

9. If you are registered with the Ohio Secretary of State, enter your charter number, registration number or license-to-conduct-business number:

10. NAICS code: (For most current NAICS listing, visit us at tax.ohio.gov)

11. When did you first become subject to the commercial activity tax? (mm/dd/yy)

12. Do you anticipate taxable gross receipts of more than \$1 million during the current calendar year?

Yes No

I hereby declare the above to be true and correct to the best of my knowledge and belief.

Name of applicant or agent (please print)

Signature

Date



CAT 1 18252

