Ohio | Department of Taxation

Please do not use staples.

CAT ES Rev. 9/07

Request to Change Election Status

CAT account number

FEIN/SSN

Date of original consolidation M M D D Y Y

Eff. date of change request M M D D Y Y

Use only UPPERCASE letters.

Reporting member's name

Section 1 – Change in Status

1. New taxpayer type: (Check only one)

☐ Consolidated elected at 80% ☐ Consolidated elected at 50% ☐ Combined ☐ Single

- By checking either consolidated box above, the group hereby elects to file a consolidated return. Any consolidated election will remain in effect for eight calendar quarters and is automatically renewed unless cancelled by the registrant prior to the expiration of the eight calendar quarters.
- Existing consolidated elected taxpayer groups wishing to cancel a previous election to consolidate should complete section 2 of this form.
- Please reference R.C. 5751.011 and 5751.012, as well as information releases CAT 2005-05 and CAT 2005-16 for a detailed explanation of each filing status.
- If changing to a consolidated elected or combined taxpayer group and adding members, attach CAT AR.

2. If the group is a consolidated elected taxpayer group, does the group elect to include its non-U.S. entities?

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

3. Please enter the total number of members, including the primary/reporting member. Number of members

Primary/reporting member's first name M.I. Last name

Section 2 – Cancellation of Consolidated Election

☐ By checking this box, the above-referenced taxpayer group hereby notifies the tax commissioner that the group cancels its election to consolidate. Such cancellation is not effective until the expiration of eight calendar quarters from the time of election or renewal to consolidate. The group will become a combined taxpayer group, providing common ownership exists, pursuant to rule 5703-29-19. Please attach documentation indicating how each entity should now be registered.

Note: This section should only be answered if an existing consolidated elected taxpayer group wishes to notify the tax commissioner of the cancellation of their previous consolidated election.I hereby declare the above to be true and correct to the best of my knowledge and belief.

SIGN HERE (required)

I declare under penalty of perjury that I am the taxpayer or the taxpayer's authorized agent having knowledge of the relevant facts in this matter to file this request to change election status.

Signature

Date (MM/DD/YY)

Name

Title

Any member acquired or formed after the filing of the initial registration shall be included in the group. The group must notify the tax commissioner of any additions with either the next tax return filed or form CAT AR.

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Contact person: The taxpayer will be represented in the matter by the following individual. Please attach a Declaration of Tax Representative (form TBOR 1), which can be found on the department's Web site at tax.ohio.gov.

Your first name | M.I. | Last name

Home address (number and street)

City | State | ZIP code

Telephone | Fax

Title | E-mail

Please send this application to: Ohio Department of Taxation,
CAT Division-CAT ES, P.O. Box 16158 Columbus, OH 43216-6158