



## Ohio Commercial Activity Tax (CAT) Instructions for Registration

Taxpayers are encouraged to register electronically at **business.ohio.gov**. If paper registration is chosen, please complete this registration in black or blue ink – do not use pencil. Write each letter or number in a separate box using uppercase letters. Additional details regarding this tax can be found at **tax.ohio.gov**.

### What Must Be Reported On This Registration

**Primary Taxpayer** – The taxpayer listed as the primary taxpayer on this registration will become the primary reporting entity for the commercial activity tax (CAT). While it is preferred that the primary taxpayer be the parent corporation, in the case of a parent and subsidiary companies, the primary reporting entity need not be the parent company. In the case of a consolidated elected taxpayer, the reporting entity for the CAT must have the authority to bind all of the members of the group to the election. Schedules A and B are used to provide supplemental information regarding commonly owned entities, corporate officers and additional partners/members.

**Federal Employer Identification Number** – If you have a federal employer identification number (FEIN), you need to provide this number. If you are a foreign (non-USA) business, or a newly established business and do not yet have a FEIN, write either “applied for” or “non-USA business” across the header.

**Social Security Number** – Provide this number only if the business you are registering does not have a FEIN. Provide the social security number of the sole proprietor. Because we may be requiring you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that your providing us your Social Security number is mandatory. Specifically, Ohio Revised Code section 5703.057 authorizes this department to request this information. Your failure to supply any information requested on a tax form prescribed by the tax commissioner will result in a delay or denial of your registration and could result in the imposition of penalties.

**Line 1 – Type of Organization:** Check the box indicating the form of business organization. If the business is anything other than a sole proprietorship, you must complete Schedule A.

**Line 2 – Type of Taxpayer:** All taxpayers fall into one of four categories:

- Single entity taxpayer,\*
- Combined taxpayer (common owned entities that are not part of consolidated taxpayer election),

- 50% consolidated elected taxpayer by a common owner, or
- 80% consolidated elected taxpayer by a common owner.

**Combined Taxpayer:** All taxpayers having more than a 50% common ownership with other entities, and who have not elected to file as a consolidated group, must register and file as a combined group. Combined taxpayers are required to register only those members that have enough contacts (i.e., substantial nexus) in Ohio. Unlike, consolidated taxpayers, sales between the members of a combined taxpayer are **not** excludable taxable gross receipts.

**Consolidated Elected Taxpayer:** Taxpayers with at least a 50% common ownership interest with other entities have the option of consolidating all commonly owned entities into a single taxpayer. Such taxpayers may choose to include all entities that have at least a 50% common ownership or elect to only include those entities that have at least an 80% common ownership. Taxpayers that choose the consolidation option may exclude those receipts from members in the group. For taxpayers choosing this option, all entities (50% or 80% common ownership, whichever is elected) must be included in the consolidated group (even those with no substantial nexus and those that are excluded entities). In addition, this election is irrevocable for eight quarters. By checking this box, this registration binds all applicable entities and they must be listed on Schedule B.

Taxpayers choosing to consolidate also have the option of including or excluding foreign (non-USA) corporations (with the same ownership percentage – 80% or 50% – as elected for the consolidated election as discussed above). Please check the appropriate box indicating the selection. If the election is made to include all non-USA-owned corporations, this election is also irrevocable for eight quarters.

**Note:** An entity cannot be a member of both a consolidated elected and a combined taxpayer group. A joint venture, in which an entity is owned 50/50 by two other entities, may be a member of two different consolidated groups. If the election is made not to consolidate, then the joint venture must register as a single entity taxpayer. In addition, excluded foreign (non-USA) corporations or those entities that are owned less than 80% but more than 50% by a consolidated taxpayer making an 80% election are still required to register as a single entity taxpayer or part of a combined group, as applicable.

**Line 3 – Number of Members:** If the taxpayer is a consolidated elected or a combined taxpayer, please enter the number of entities or related members that are included in the consolidated or combined group. This number can be changed on future tax returns.

\*In general, single entity taxpayers either have no ownership interest in other entities or have 50% or less common ownership with other entities.

**Line 4 – Legal Name:**

**4 A:** Enter the legal name of the business. If you are a sole proprietor do not complete this line.

**4 B:** If you are a sole proprietor, enter the last name, the first name and the middle initial of the sole proprietor.

**Line 5 – Trade Name or DBA:** If the business is using a DBA or trade name, enter the DBA or trade name of the business.

**Line 6 – Primary Address:** Primary address information should reflect the principle location or home office of the taxpayer (see contact information for alternative address).

**On page 2:** Please re-enter your FEIN (or Social Security number if you do not have a FEIN). In the event that pages become separated, this will ensure proper registration.

**Line 7 – Contact Information:** Complete the address portion only if you want to use an alternative address (such as a tax preparer) that is different from the reported primary address. Note that this address will be used to receive all legal correspondence regarding your account, including returns and billings/assessments. Also, please provide your phone number, fax number and e-mail address. If provided, the e-mail address may be used by this department to notify you of tax changes.

**Line 8 – Place of Incorporation:** If applicable, list the state or country under whose laws the business is organized. If a sole proprietor, leave this blank.

**Line 9 – Ohio Secretary of State Information:** If you are registered to conduct business in Ohio, please provide the charter number, registration number or license-to-conduct-business number issued by the Ohio Secretary of State. (This question generally applies to businesses other than sole proprietorships.)

**Line 10 – North American Industry Classification System (NAICS):** This is an industry classification system (used by many governmental agencies). Please choose the category that best describes your business activity and enter the six-digit code. If not familiar with these codes, visit our Web site at tax.ohio.gov for a listing of the NAICS codes.

**Line 11 – Date Subject to the CAT:** This is the date on which you first reached \$150,000 in taxable gross receipts. It will be used to determine the first year and tax period that you are responsible to register and pay the CAT. For taxpayers first subject to the CAT in calendar year 2005, you may use July 1, 2005 as the date you were subject to the CAT.

**Line 12 – Filing Frequency:** Please check here if you anticipate more than \$1 million in taxable gross receipts during the current calendar year. Taxpayers whose annual taxable gross receipts exceed \$1 million must file quarterly returns. All others must file annually, unless they indicate that they wish to file quarterly.

**Signature** – The registration must be signed and dated by a person responsible for the accuracy of the information provided.

**Schedule A**

**All entities, other than sole proprietorships must complete Schedule A.**

Please list the required information for the corporate officers, partners or members. If you are a consolidated elected taxpayer or a combined taxpayer, list the information only for the primary reporting entity.

If the primary reporting entity is a partnership or LLC or LLP, please provide the names, addresses and social security numbers of the partners/members. If there are more than five partners/members, it is only necessary to provide this information for the five partners/members with the largest ownership interest.

If the primary reporting entity is an association, trust or other type of business organization, please provide the names and addresses of the owners/members/trustees. (It is not necessary to provide the social security numbers of the owners/members/trustees.)

If the primary reporting entity has officers, please provide the names and addresses of the president, vice president, treasurer, secretary and statutory agent. (It is not necessary to provide the social security numbers of the corporate officers.)

**Schedule B**

**All entities that are consolidated or combined taxpayers must complete Schedule B.**

Schedule B is to be completed only by those entities that are either consolidated or combined taxpayers. The primary reporting entity is the entity that will file the return on behalf of all members.

In the case of a consolidated elected taxpayer, list all entities that are included in the consolidated election. The entities to include depend on whether you elect to include those members that meet either the 50% or 80% ownership tests as well as whether you elect to include foreign (non-USA) corporations. In the case of a combined taxpayer, list all entities in which you have more than a 50% ownership and that have substantial nexus with Ohio. Taxpayers that are not a part of the elected consolidated group must register as either a single entity taxpayer or as a member of a combined group with other applicable commonly owned businesses if they have substantial nexus in Ohio and that are not part of the elected consolidated group.

In all cases, please provide either the social security number or the FEIN of each member, along with the name, address, type of organization, state or country under which the entity is organized, and NAICS code.