

# Change of Ohio Employer, Name, Address or Status

IT WHC  
Rev. 1/08

Please use the top and bottom of this form to report any changes of mailing address, name, merger information or out-of-business information. If this change is because you are out of business, you must file a final reconciliation for the final period you were in business on form IT 941. If a change in ownership or a change in business status (such as changing from a sole proprietorship to a corporation) occurs, and you receive a new federal employer identification number (FEIN), you must file a final reconciliation form IT 941 for the old account and complete the bottom of this form to obtain a new Ohio withholding account number. If a merger has taken place, the nonsurvivor must file a final reconciliation form IT 941 and complete the merger information on the bottom of this form.

**Ohio Tax ID No.**

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**FEIN**

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Previous Business Name and Mailing Address		
Business name		
Address		
City	State	ZIP code

New Name, Mailing and Location Address		
Business name		
Owner's name/responsible party		
New mailing address		
City	State	ZIP code
Physical location (street address and number)		
City	State	ZIP code
NAICS code	Telephone number	

**Please send your completed form to us by fax or by mail.**

**Fax to:** 614-387-1851 or

**Mail to:** Ohio Department of Taxation  
Taxpayer Services Division  
Registration Section  
P.O. Box 182215  
Columbus, OH 43218-2215

**Indicate changes or additions only by checking the appropriate box and entering the information requested.**

<input type="checkbox"/>	<b>Out of business</b>	Effective date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	M	M	D	D	Y	Y	No employees at this time – inactivate account <input type="checkbox"/>
M	M	D	D	Y	Y					

<input type="checkbox"/>	<b>Merged</b>	Effective date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	M	M	D	D	Y	Y	Survivor's name _____																
M	M	D	D	Y	Y																					
	Survivor's federal ID	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												Survivor's Ohio ID	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											

<input type="checkbox"/>	<b>Business status change</b>	Effective date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">M</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">D</td><td style="width: 20px; height: 20px;">Y</td><td style="width: 20px; height: 20px;">Y</td></tr></table>	M	M	D	D	Y	Y	New business type _____
M	M	D	D	Y	Y					

<input type="checkbox"/>	<b>New federal ID to be registered</b>	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												New name _____

**Form IT 941, the final reconciliation, is enclosed.**