



Department of Taxation

P.O. Box 182215
Columbus, OH 43218-2215
(888) 405-4089



07100100

IT 1 Rev. 12/09

**Combined Application for
Registration as an Ohio
Withholding Tax/School District
Withholding Tax Agent**

Employer withholding account no.
(For department use only)

Federal employer identification no.

Social Security no. / ITIN

Ohio corporate charter no. / certificate no.

Reactivate for account number? Yes If yes, provide number if available

Will you have an employee that **resides** in a taxing school district? Yes No

1. Check type of ownership: (10) Sole owner (20) Partnership (30) Corporation (150) Nonprofit
(50) LLC (70) LLP (80) LTD Other (please specify) _____

2. Date of first Ohio payroll, if known (MM/DD/YY) _____

3. Provide NAICS code and state nature of business activity _____ (For the most current listings, search NAICS on our Web site at tax.ohio.gov.)

4. Legal name _____
(Corporation, sole owner, partnership, etc.)

5. Trade name or DBA _____

6. Primary address _____
Address of corporation, sole owner, partnership, etc. City State ZIP code

Business phone no. Fax no. Secondary phone no.

7. Mailing address _____
(If different from above) City State ZIP code

8. Name, title and phone number of individual responsible for filing returns and payment of Ohio withholding/school district withholding tax

Name Title Phone no.

9. Name, phone number, fax number and e-mail address of individual the department should contact regarding this account

Name Phone no. Fax no. E-mail address

Date Signature of applicant

Federal Privacy Act Notice
Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.