

Application to Use Cigarette Fusion Tax Stamps

Name of business	FEIN
DBA	Social security number
Street	Telephone number ()
City	State ZIP code

1. E-mail address **(required)** _____

2. Business structure:

- Sole owner
 Partnership
 Corporation
 Fiduciary
 Association
 LLC
 LLP
 Other

3. List cigarette manufacturers/importers selling unstamped cigarettes to your company _____

4. List below the titles, names, addresses and social security numbers of all corporate officers or association officers or partners. If you need more space to complete the list, please attach a sheet with the requested information.

Title	Name	Address	Social Security No.

Federal Privacy Act

Because we are requesting your social security account number, the Federal Privacy Act of 1974 requires us to inform you that giving us your social security number is mandatory. Our legal right to ask for this information is supported under the Tax Reform Act of 1986. Your social security number is

needed for the Tax Commissioner to administer this tax. Failure to supply any information requested on a tax form prescribed by the Tax Commissioner may result in the denial of your license application, if applicable, or the imposition of penalties for failing to file a complete tax return.

I declare under penalties of perjury that the above statements have been examined by me and to the best of my knowledge and belief are true, complete, and correct.

Signature _____ Title _____ Date _____

Mail this application to the Ohio Department of Taxation, Excise Tax Unit, P.O. Box 530, Columbus, Ohio 43216-0530, with the following items:

1. A letter of intent (or invoice if already purchasing) from a manufacturer/importer to sell unstamped cigarettes to your company.
2. A copy of your Wholesale Cigarette Dealer's License obtained from the County Auditor's office.
3. A completed bond form for the purchase of cigarette tax stamps on credit (optional).