



Vendor's license no. [ ]
(For department use only)

Application is hereby made for cumulative return authority for those retail establishments listed on the next page.

It is agreed that if such authority is granted the applicant will file a tax return under the master vendor's license in accordance with the prescribed method of filing as determined by the tax commissioner.

[ ] Federal employer identification no. [ ] Social Security no. / ITIN [ ] Ohio corporate charter no. / certificate 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. Legal name (Corporation, sole owner, partnership, etc.)

3. Trade name or DBA

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

Business phone no. Fax no. Secondary phone no.

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

6. If you operate as a corporation or partnership, list appropriate names, addresses and identification numbers below.

Table with 6 columns: Title, Name, Street, City, State, ZIP code. Includes rows for SSN / ITIN / FEIN.

7. 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

Instructions

List on the next page of this application, in numerical sequence, the license number and address of each retail establishment to be covered by master vendor's license.

All licenses listed must be under the same entity number to be eligible for cumulative return authority.

When a new license that will be reported under your cumulative authority is obtained from a county auditor, please write your mas-

ter number on the line indicated on the license application. Until you receive notification of the effective date of the cumulative return authority, you will continue to file sales tax returns for each location under your present method of reporting.

If one of your licenses is to be cancelled, the date of cancellation must be immediately forwarded to Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215. Phone: (888) 405-4089.

Mail to: Ohio Department of Taxation, Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215.

