



*Sales & Use Tax Division  
P.O. Box 530  
Columbus, Ohio 43216-0530  
tax.ohio.gov*

### Request for Sales Tax Release

**NOTICE: This request cannot be processed until the business is sold, vendor's license cancelled and final return filed. If you hold a liquor permit, the permit must already be transferred. A separate release form must be submitted for each location. NOTE: A sales tax release is for the benefit of the purchaser only. The seller remains liable for any sales tax, additional charges, interest or penalty discovered subsequent to the issuance of a sales tax release certificate.**

Taxpayer's name \_\_\_\_\_

Business address \_\_\_\_\_

Sales tax account number \_\_\_\_\_

FEIN and/or Social Security number \_\_\_\_\_

Type of business activity \_\_\_\_\_ Date business was sold \_\_\_\_\_

Successor's name \_\_\_\_\_

If vendor held liquor permit, supply name exactly as shown on permit \_\_\_\_\_

Liquor permit alpha number of seller's permit \_\_\_\_\_ Type of permit(s) \_\_\_\_\_

Date liquor permit transferred \_\_\_\_\_

Location of accounting records \_\_\_\_\_

Is this business currently or has it within the last five years been under an audit with the Department of Taxation? \_\_\_\_\_ If so, when and under what entity? \_\_\_\_\_

Name, address and telephone number of person to whom inquiries may be made \_\_\_\_\_

Name of person requesting release (must be vendor or agent) \_\_\_\_\_

Current address \_\_\_\_\_

\*Signature \_\_\_\_\_

**\*NOTE: The taxpayer or the taxpayer's agent must sign this form. Tax information will not be discussed with and the certificate will not be mailed to anyone except the taxpayer unless an affidavit or power of attorney executed by the taxpayer authorizes this department to do so. Such an affidavit or power of attorney must accompany this request.**

**Mail to: Department of Taxation, Attn: Release Unit, P.O. Box 530, Columbus, Ohio 43216-0530 or fax to (614) 466-9610. If you have questions call (614) 995-4754.**