

Instructions for ST 3C

Please review the information as reflected in our records that is shown on form ST 3C. If any information needs to be updated, write the correct information in the corresponding section of the form.

One section to review closely is the box that contains the NAICS code. NAICS stands for North American Industry Classification System. These codes are used to identify the type of business that is being conducted. The Department of Taxation uses this information to notify taxpayers when changes in the law address certain business types, and to compile statistics related to specific sales activity. Please look at the code and description of the code to verify it pertains to your business activity. If a change is necessary, review the list of NAICS codes in this packet to select a code that applies to your business. If you cannot find a code to match your business, just write a short description in Box B and we will select the best code that applies.

If the business is sold or discontinued, the vendor's license must be cancelled. Complete the line with the last day of business. If the ownership of the business has changed, the license must be cancelled and a new license must be obtained. If you need a new license, you can apply online at the

Ohio Business Gateway (obg.ohio.gov). Holders of Ohio Direct payment permits must follow special provisions associated with the permit.

If you have moved the business and have a regular county vendor's license (account numbers beginning 1 to 88), you may transfer the license location if the business is in the same county. Complete form ST3 TL found in this packet. If the business moved into another county, please cancel the current license and apply for a new one from the county auditor or through the Ohio Business Gateway.

Address changes to all other types of accounts may be made using form ST 3C.

If no changes need to be made, you do not need to complete and send this form.

If changes are made, please submit the form to:

Ohio Department of Taxation
Taxpayer Support Services Division
P.O. Box 182215
Columbus, OH 43218-2215

Please detach here – DO NOT USE PENCIL to complete this form.

Ohio Department Of Taxation

P.O. Box 182215, Columbus, OH 43218-2215

ST 3C
Rev. 10/05

Vendor's License/Account Number

Update Information

Please review your current business information in area A. If corrections are necessary, complete form ST 3C per instructions provided on the form and enter the corrected information in area B.

A: Current Information	B: New Information												
<table border="1"> <tr> <td data-bbox="110 1381 444 1459">Employer Identification Number</td> <td data-bbox="457 1381 792 1459">Social Security Number</td> </tr> <tr> <td data-bbox="110 1465 444 1543">Ohio Charter or License Number</td> <td data-bbox="516 1465 734 1543">NAICS Code</td> </tr> </table> <p>NAICS description: _____</p>	Employer Identification Number	Social Security Number	Ohio Charter or License Number	NAICS Code	<table border="1"> <tr> <td data-bbox="828 1381 1162 1459">Employer Identification Number</td> <td data-bbox="1175 1381 1510 1459">Social Security Number</td> </tr> <tr> <td data-bbox="828 1465 1162 1543">Ohio Charter or License Number</td> <td data-bbox="1230 1465 1448 1543">NAICS Code</td> </tr> </table> <p>NAICS description: _____</p> <p>Change of ownership: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, see reverse side.</p>	Employer Identification Number	Social Security Number	Ohio Charter or License Number	NAICS Code				
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<p>Name and Mailing Address:</p> <p>Name and Business Location:</p>	<p>Legal name only _____</p> <p>DBA only _____</p> <p>Mailing address _____</p> <p>Should this change also be made to your:</p> <table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>1) Corporate account</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2) Employer withholding account</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3) School district withholding account</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table> <p>To cancel account, enter last day of business. MMDDYY</p>		Yes	No	1) Corporate account	<input type="checkbox"/>	<input type="checkbox"/>	2) Employer withholding account	<input type="checkbox"/>	<input type="checkbox"/>	3) School district withholding account	<input type="checkbox"/>	<input type="checkbox"/>
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