



Department of Taxation

P.O. Box 16158
Columbus, OH 43216-6158
tax.ohio.gov

Financial Institutions Tax Registration

Federal employer identification number	Social security number (if no FEIN)	For state use only

1. Legal name of entity

2. Primary address *(Address of taxpayer's principal office)*

City State ZIP code Country *(if other than U.S.A.)*

3. Contact information

Mailing address *(if different from primary)*

City State ZIP code Country *(if other than U.S.A.)*

Office/home phone number Office/home fax number

E-mail address

4. Type of organization *(check only one):*

- | | | | |
|-------------------|---------------------|--------------------------------------|---------------|
| Business Trust | C corporation | Fiduciary trust | |
| LLC - C Corp | LTC - S Corp | Non-US company | S corporation |
| Single-member LLC | Sole proprietorship | Other <i>(please describe)</i> _____ | |

5. **Filing entity type** *(check only one):*

Consolidated group

Single entity taxpayer

If you are a consolidated group, please enter the total number of members and complete Schedule A (attached).

Are you consolidated with foreign corporations?

Yes No N/A *(currently do not have any non-US entities)*



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6. **Business type** (*check only one*): Dealer in Intangible FD S&L Holding Company

 National Bank State Bank Other (*please describe*) _____

7. **List the state or country under whose laws the taxpayer is organized** (*if applicable*) _____

8. **If you are registered with the Ohio Secretary of State, enter your charter number, registration number, or license-to-conduct-business number:**

9. **NAICS code:** _____ (*For a most current NAICS listing, visit www.tax.ohio.gov*)

10. **When did you first become subject to the financial institutions tax?** (*MM/DD/YY*) _____

I hereby declare that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Name of applicant or agent (please print) Signature Date (MM/DD/YY)

