



Department of Taxation

P.O. Box 182215
Columbus, OH 43218-2215
(888) 405-4089



07100100

UT 1000 Rev. 12/09
Application for Certificate of Registration for Out-of-State Sellers

Account no. (For department use only)

Federal employer identification no.

Social Security no. / ITIN

Ohio corporate charter 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. When did you or will you begin providing taxable sales in the state of Ohio? (MM/DD/YY)

3. Provide NAICS code and state nature of business activity (For the most current listings, search NAICS on our Web site at tax.ohio.gov.)

4. Legal name (Corporation, sole owner, partnership, etc.)

5. Trade name or DBA

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

Business phone no. Fax no. Secondary phone no.

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

8. How much sales tax do you expect to collect each month? Less than \$200 \$200 or greater

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

Table with 7 columns: Title, Name, Street, City, State, ZIP code, SSN / ITIN / FEIN. Three rows for listing entities.

10. 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

Mail to the address above.

### **Federal Privacy Act Notice**

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.