



Request for Responsible Party Assessment

Please complete one form for each responsible party for whom you are requesting assessment. This form may be used for employer and school district withholding tax.

Information on Corporation Assessed
Name of corporation assessed:
DBA: FEIN:
Charter Number: ODT Account Number:
Address:

Table with 4 columns: Tax Type, Assessment Number (CRNs), Assessed Periods, Unpaid Balance

Information on Responsible Party You Are Seeking to Have Assessed
Responsible party:
First Name MI Last Name Suffix (Jr., Sr., III, Etc.)
SSN:
Employers title/responsibility:
Current Address:
Dates person was a responsible party:
Reason(s) why person should be assessed as a responsible party. Attach all documents you have to this form. Please be as specific as possible (e.g., corporate minutes dated 2/28/19, checks, LinkedIn screens, Facebook, Google, transcript from a JDx, bankruptcy documents, etc.):

Contact Information of Requestor Seeking Responsible Party Assessment
Person requesting responsible party information:
Requestor is: ODT Employee AG Employee Special Counsel Other:
Date of request: Phone Number: Email:

All supporting documentation should be sent as attachments along with the completed form to the address above, or efax to 206.309.0403, or email to RPasmtEWT@tax.state.oh.us.

1Responsible party assessments are authorized by R.C. 5739.33, 5747.07, 5735.35, and 5747.453. Some excise taxes authorize responsible party assessments under other codes sections.