Department of Taxation
P.O. Box 530
Columbus, OH 43216-0530
tax.ohio.gov

Next Generation 9-1-1 Acess Fee Registration

Please complete in black or blue ink – do not use pencil.

Federal employer identification number	Social security number (if no FEIN)

☐ New application Date when you started or will start collecting NG 9-1-1 Access Fee (MM/DD/YY)

1. Type of organization (check only one):

☐ Association/trust ☐ C corporation ☐ LLC
☐ LLP ☐ LTD (non-U.S.) ☐ Partnership (other than LLP) ☐ QSSS ☐ S corporation
☐ Single-member LLC ☐ Sole proprietorship ☐ Other (please describe) _____

2. NAICS code: Ohio charter number

3. A. Legal name of entity (sole proprietor complete 3B):

B. Sole proprietor:
Last name First name M.I.

4. Trade name or DBA:

5. Primary address:
Address of taxpayer's principal office

City State ZIP code

Country (if other than U.S.A.)

6. 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

– over –

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Next Generation 9-1-1 Acess Fee Relationship Information

Relationship information is to be completed by all registrants

Name of filer:

FEIN: SSN:

Indicate: Officer*, general partner, managing partner or member	Name	Address	Country	
	SSN	City	City	City

*President, vice president, secretary, treasurer, statutory agent

I hereby declare the above to be true and correct to the best of my knowledge and belief

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