

Date

Department of Taxation

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



T 1 Rev. 11/17

Application for Registration as an Ohio Withholding Agent

—— (F	or de	oartn	nent	use (only)	

Fed	leral Employer Identification Number Secretary of State Entity Number
Che	eck here to reactivate an account Provide account number to reactivate.
1.	Check type of ownership: Sole owner Partnership Corporation Nonprofit LLC LLP LTD Single member LLC Other (please specify)
2.	Date of first Ohio payroll (MM/DD/YY)
3.	Provide NAICS code and state nature of business activity (For the most current listing, search NAICS on our website at tax.ohio.gov)
4.	Legal name of business
5.	Trade name or DBA
6.	Primary address of business
	Street City State ZIP code
7	Business phone number Fax number Secondary phone number Mailing address
٠.	Street City State ZIP code
8.	Check the box applicable to your estimated employer withholding remittance amount per year:
	\$2,000 or less Greater than \$2,000, but less than \$84,000 At least \$84,000
9.	Information for individual responsible for filing returns and making payment of Ohio and school district withholding taxes
	Name Title Phone number SSN / ITIN
10.	Street City State ZIP code Name, phone number, fax number and e-mail address of individual the department should contact regarding this account
	Name Phone number Fax number F-mail address

Federal Privacy Act Notice

Signature of applicant

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.