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

Clear Form

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 *(Name and Title)*:

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 ☐ LLC - S Corp ☐ Non-US company ☐ S corporation ☐ Trust

☐ Single-member LLC ☐ Sole proprietorship ☐ Other (please describe)

If anything other than sole proprietor was selected, please complete Schedule A.

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

☐ Consolidated group

☐ Single entity taxpayer

If this entity is a consolidated group, please enter the total number of members and complete Schedule A (attached)

Is this entity consolidated with foreign corporations?

☐ Yes ☐ No ☐ N/A (currently do not have any non-U.S. entities)

(continue to page 2)

Federal employer identification number	Social security number

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

   ☐ National bank ☐ State bank ☐ Other (please describe)

7. **List the state or country under whose laws the entity is organized** (if applicable)**.**
8. **If this entity is registered with the Ohio Secretary of State, enter the charter number, registration number or license-to-conduct-business number:**
9. **NAICS code:** (For most current NAICS listing, visit us at ***tax.ohio.gov***)
10. **When did this entity first become subject to the financial institutions tax?** (MM/DD/YY)
11. **Is this entity a de novo bank organization?** See R.C. 5726.01(W) ☐ Yes ☐ No

    If yes, please provide a copy of the final charter or certificate of authority to commence business.

    Charter Date: (MM/DD/YY)

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)

Options to submit this registration:

- **Electronically:** tax.ohio.gov - Contact Us - Online Notice Response Service or gateway.ohio.gov - Online Notice Response Service;
- **eFax:** 206-666-4462;
- **Mail:** Ohio Department of Taxation, Business Tax Division - FIT 1, P.O. Box 16158, Columbus, OH 43216-6158

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FIT 1
Schedule A
Rev. 9/19

SCHEDULE A - FINANCIAL INSTITUTIONS TAX (FIT)

Schedule A is to be completed by all taxpayers other than sole proprietors. Please list the required information for all members.

Name of filer:
(as shown on line 4)

FEIN: **SSN:** **FIT account no. (if issued) for primary entity:**

Name of Members	FEIN / SSN		Address	Country	
	NAICS code	Type of Organization	City	State	ZIP code

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.

Date (MM/DD/YY) _____ Signature of applicant or agent _____

*Organization type (association/trust, C Corporation, LLC, LLP, LTD (non-US), partnership, S Corporation, sole proprietorship, other)
*For NAICS codes visit *tax.ohio.gov*

Please make additional copies of this schedule as necessary.