



**Department of
Taxation**

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

FIT 1
Rev. 6/21
Page 1

Financial Institutions Tax Registration

Federal employer identification number	Social security number (if no FEIN)	For state use only
<input type="text"/>	<input type="text"/>	<input type="text"/>

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.

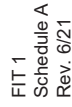
Name of applicant or agent (please print)

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



SCHEDULE A - FINANCIAL INSTITUTIONS TAX (FIT)

Name of filer:
(as shown on line 4)

FEIN:		SSN:		FIT account no. (if issued) for primary entity:	
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[illegible]

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.