



**Department of
Taxation**

P.O. Box 16158 Columbus,
OH 43216-6158 Phone:
(844) 238-0403 Fax: (614)
687-7752

MNP R
Rev. 8/20

Municipal Net Profit Tax Registration

(Complete in black or blue ink – do not use pencil.)

--	--	--	--	--	--	--	--	--	--

FEIN

1. Legal name of member _____

2. Trade name or DBA _____

3. Primary address _____
Street
City
State
ZIP code

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

4. Mailing address (check box if same as primary ☐)

Street

City

State

ZIP code

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

5. Were you subject to the municipal net profit tax prior to registering with the Ohio Department of Taxation? ☐ Yes ☐ No

If no, list the date your business began operations or became subject to this tax.
(Please do not enter a date prior to January 1, 2018)

--	--	--	--	--	--

Month

Day

Year

6. If you answered yes to the previous question, please complete Schedule A (attached).

7. Type of organization (check only one): ☐ Trust ☐ C Corporation ☐ S Corporation ☐ LLC ☐ LLP
☐ LP ☐ General partnership ☐ Estate ☐ Other

8. Are you an affiliated group of corporations filing a consolidated return? ☐ Yes ☐ No

• If yes, list the taxable year of the last election to file a consolidated return in any municipality, if applicable.

--	--	--	--

Year

• Enter the total number of entities, including yourself, and complete Schedule B (attached). _____

• If yes, have you discontinued an election to file a consolidated return in any municipality in the last five years? ☐ Yes ☐ No

9. List the company NAICS code _____
(For the most current listings, search NAICS on our website at tax.ohio.gov.)

10. First day of the fiscal year for which you elect to file with the Ohio Department of Taxation.
(Please do not enter a date prior to January 1, 2018)

--	--	--	--	--	--

Month

Day

Year

11. Company contact

Name

Title

Phone no.

E-mail address

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

Name of applicant or agent (print)

Signature

Date (MM/DD/YY)

☐ Check the box if you would like for the Ohio Department of Taxation (ODT) to publish the company's name, address, and federal identification number to our website to allow municipal corporations and others to see that you have opted to file with ODT. *Please note that this does not relieve the company of its legal obligation to notify the municipal corporations of the company's intention to file with ODT.*

Options to send this request: 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 - MNP R, P.O. Box 16158 Columbus OH 43216-6158

Schedule A

Schedule of Municipalities

MNP R
Rev. 8/20

List the municipalities in which you were required to file a municipal net profit tax return in the year preceding your start date with the Ohio Department of Taxation.

Name of Filer _____ FEIN _____
(as shown on page 1, line 1)

List the first four letters of the name of the municipality, JEDD or JEDZ and the code.

Code	Name	Code	Name	Code	Name	Code	Name
1		38		75		112	
2		39		76		113	
3		40		77		114	
4		41		78		115	
5		42		79		116	
6		43		80		117	
7		44		81		118	
8		45		82		119	
9		46		83		120	
10		47		84		121	
11		48		85		122	
12		49		86		123	
13		50		87		124	
14		51		88		125	
15		52		89		126	
16		53		90		127	
17		54		91		128	
18		55		92		129	
19		56		93		130	
20		57		94		131	
21		58		95		132	
22		59		96		133	
23		60		97		134	
24		61		98		135	
25		62		99		136	
26		63		100		137	
27		64		101		138	
28		65		102		139	
29		66		103		140	
30		67		104		141	
31		68		105		142	
32		69		106		143	
33		70		107		144	
34		71		108		145	
35		72		109		146	
36		73		110		147	
37		74		111		148	

Make additional copies of this schedule as necessary.

Schedule B – Municipal Net Profit Tax

Members of a Consolidated Group

MNP R
Rev. 8/20

A consolidated election will remain in effect for five years and is automatically renewed unless cancelled. Complete the information below for each member of the consolidated group.

Name of Filer _____ FEIN _____
(as shown on page 1, line 1)

FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country
FEIN	Address	
Member's name	City	State
Trade name or DBA	ZIP code	Country

Make additional copies of this schedule as necessary.