Clear Form Print

Department of Taxation

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

07100100

UT 1000 Rev. 11/23

Out-of-State Sellers and/or Marketplace Facilitator Registration

Account no. (For department use only)

1. Federal Employer Identification Number | Social Security Number / ITIN | Secretary of State Entity Number

2. Check type of ownership: ☐ Sole owner ☐ Partnership ☐ Corporation ☐ Nonprofit ☐ LLC ☐ LLP ☐ LTD ☐ Single member LLC ☐ Other (please specify) _____

3. When did you or will you begin providing taxable sales in the state of Ohio? (MM/DD/YY)_____

4. Is this license for a marketplace facilitator as defined in Ohio Revised Code 5741.01(T)? ☐ Yes ☐ No

*A marketplace facilitator is an entity or person that owns, operates, or controls a physical or electronic marketplace through which retail sales are facilitated on behalf of one or more sellers, or an affiliate of such entity or person.

5. Provide NAICS code and state nature of business activity_____ (For the most current listings, search NAICS on our Web site at **tax.ohio.gov.**)

6. Legal name_____
(Corporation, sole owner, partnership, etc.)

7. Trade name or DBA _____

8. Primary address_____
Address of corporation, sole owner, partnership, etc. | City | State | ZIP code

Business phone number | Fax number | Secondary phone number

9. Mailing address_____
(If different from above) | City | State | ZIP code

10. If you operate as a corporation, LLC, or partnership, list appropriate names, addresses and identification numbers below.

Title | Name | Street | City | State | ZIP code | SSN / ITIN / FEIN

Title | Name | Street | City | State | ZIP code | SSN / ITIN / FEIN

11. Name, phone number, fax number and e-mail address of individual the department should contact regarding this account.

Name | Phone number | Fax number | E-mail address

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 | Signature of applicant

Mail to the address above.

Federal Privacy Act Notice

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.