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D5 Rev. 03/24

Notification of Dissolution or Surrender

All corporations seeking a dissolution, surrender, consolidation, merger or conversion must submit this form to the Ohio Department of Taxation at least 30 days prior to the date the corporation intends to file with the Ohio Secretary of State. A Certificate of Tax Clearance will not be issued until all taxes/fees administered by the tax commissioner are filed and paid. **Review the notification of dissolution or surrender instructions before completing**.

1. Name of corporation		
Address	(as recorded with the Ohio Secretary of State)	
FEIN	Ohio charter/entity no	
Date qualified in OhioIncorporation	on dateState of ir	ncorporation
2. Select corporation/entity type:		
Domestic For-Profit Domestic Nonprofit	LLC	
Foreign For-Profit Foreign Nonprofit	Domestic/Foreign Nonprofit Agri	cultural Cooperative
3. Select dissolution/surrender method: Certificate of Composition (Domestic for-profit corporations must select Certificate of Tax Clean		
4. Select reason for dissolution/surrender: Consolidation	ation Conversion Dissolut	tion/Surrender Merger
5. Converting/Merging entity that is continuing the busin	ness activities:	
Name		
Address		
FEIN	Ohio charter/entity no)
Date corporation intends to Convert at the Ohio Sect	retary of State or Merge out of exist	ence
6. Date Ohio business activity ceased or will cease (mr	m/dd/yy):	
Ending date of last payroll subject to Ohio withholdin	g (mm/dd/yy):	
Select each tax applicable to this corporation and prinformation on how to close certain accounts with the		section 3 of the instructions for
Tax Type	Ohio Account No.	Date Final Return Filed
Commercial activity tax		
Consumer use tax/direct pay permit		
Corporation franchise tax		
Employer withholding tax		
Excise/energy taxes (motor fuel, alcohol, tobacco, public utility)		
Financial institutions tax (also see #9 on page 2)		

Sales tax/sellers use tax		
School district employer withholding tax		
Next Generation 9-1-1 Access Fee		
8. If you file the financial institution tax as part of a gro	oup, provide the name and FIT account nu	mber of the reporting member:
9. Identify the person where the Certificate of Tax C TBOR 1 IS REQUIRED:		
Name		
Address		
Phone Fax 10. Identify the person where correspondence regard OHIO TBOR 1 IS REQUIRED:		_
Name	Title	
Address		
Phone Fax	TBOR1 Attached?	
11. List each officer's and director's name, address a	and SSN (include additional list if necess	ary):
11. List each officer's and director's name, address a	and SSN (include additional list if necess	ary): SSN
	· T	··
Name and Title 12. I declare and affirm, under penalties provided be ments contained therein are true to the best of of the corporation or as the person who will execut with the Ohio Department of Taxation will be close or last day of payroll); (ii) acknowledge that the distaxes/fees administered by and required to be paid domestic nonprofit corporation organized under Oh cooperative organized under R.C. chapter 1729, to	Home Address by law, that this application has been ex my information, knowledge and belief. The the dissolution/surrender, I (i) acknowled as of the date provided in section 6 (the issolution/surrender does not relieve the d to the tax commissioner; and (iii) acknowled to the tax commissioner; and (iii) acknowled Revised Code (R.C.) chapter 1702 or a the applicability of R.C. sections 1702.55	amined by me and the state- By my signature, as an officer dge that all of my tax accounts e latter of last day of business corporation for payment of all wledge, if the corporation is a domestic nonprofit agricultural
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To submit this application, please use one of the following options:

Online Notice Response Service:

eFax: (206) 984-0378

tax.ohio.gov - Contact Us -or- gateway.ohio.gov

eFax: (206) 984-0378 **Phone**: (855) 995-4422

Email: dissolution@tax.ohio.gov

Mail:

Ohio Department of Taxation
Tax Release Unit

P.O. Box 182382 Columbus, OH 43218-2382