



Calendar Year

Four empty boxes for entering the calendar year



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IT EF OPT OUT

Request for Exclusion from the Income Tax Return Electronic Filing Requirement

Paid preparers may use this form to request an exclusion from the requirement to transmit income tax returns electronically. Do not complete this form if you prepared fewer than 11 original returns in the previous calendar year. See R.C. 5747.082.

Failure to provide all requested information may result in denial of your request. The Department will send you written notice of its decision.

| | | |
|--|---|----------------|
| Business name | | PTIN |
| Business address, City, State and ZIP code | | |
| Contact name | | Contact number |
| FEIN | # of original returns prepared last calendar year | |

Reason(s) for requesting an exclusion from electronic filing: _____

Multiple horizontal lines for providing reasons for requesting an exclusion from electronic filing.

Sign Here (required) _____ Date _____

| | |
|--|---|
| <p>Federal Privacy Act Notice: Because we require you to provide us with a Social Security number, the <i>Federal Privacy Act of 1974</i> requires us to inform you that providing us with your Social Security number is mandatory. 42 U.S.C. 405 and Ohio Revised Code sections 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.</p> | <p>Mail this form to: Ohio Department of Taxation Electronic Filing Unit P.O. Box 2476 Columbus, OH 43216-2476</p> |
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