



Department of Taxation

P.O. Box 2476
Columbus, OH 43216-2476
tax.ohio.gov

Tax Year

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FIT AR
Rev. 1/15

ADD/REMOVE a Member to/from a Consolidated Group Financial Institutions Tax (FIT)

(This form only applies to existing taxpayer groups.)

Reporting Member FIT Account Number _____ Reporting Member FEIN _____ Reporting Member Name _____

<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____
Address _____
Reason ¹ _____ Effective date ² _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____
Address _____
Reason ¹ _____ Effective date ² _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____
Address _____
Reason ¹ _____ Effective date ² _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____
Address _____
Reason ¹ _____ Effective date ² _____

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

Date (MM/DD/YYYY) _____ Signature _____

Contact telephone no. _____ E-mail _____

¹ Reasons for addition or removal (e.g., acquisition, merger, out of business, sold business, dissolution, bankruptcy).

² "Effective date" refers to the date this entity became a member of the consolidated group or the date this entity was removed from the consolidated group for filing purposes.

Please make additional copies of this form as necessary.