

Change of Ohio Employer, Name, Address or Status

IT WHC
Rev. 1/08

Please use the top and bottom of this form to report any changes of mailing address, name, merger information or out-of-business information. If this change is because you are out of business, you must file a final reconciliation for the final period you were in business on form IT 941. If a change in ownership or a change in business status (such as changing from a sole proprietorship to a corporation) occurs, and you receive a new federal employer identification number (FEIN), you must file a final reconciliation form IT 941 for the old account and complete the bottom of this form to obtain a new Ohio withholding account number. If a merger has taken place, the nonsurvivor must file a final reconciliation form IT 941 and complete the merger information on the bottom of this form.

Ohio Tax ID No.

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FEIN

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Previous Business Name and Mailing Address		
Business name		
Address		
City	State	ZIP code

New Name, Mailing and Location Address		
Business name		
Owner's name/responsible party		
New mailing address		
City	State	ZIP code
Physical location (street address and number)		
City	State	ZIP code
NAICS code	Telephone number	

Please send your completed form to us by fax or by mail.

Fax to: 614-387-1851 or

Mail to: Ohio Department of Taxation
Taxpayer Services Division
Registration Section
P.O. Box 182215
Columbus, OH 43218-2215

Indicate changes or additions only by checking the appropriate box and entering the information requested.

<input type="checkbox"/> Out of business	Effective date	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	No employees at this time – inactivate account <input type="checkbox"/>
M	M	D	D	Y	Y				
<input type="checkbox"/> Merged	Effective date	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	Survivor's name _____
M	M	D	D	Y	Y				
Survivor's federal ID		Survivor's Ohio ID							
<input type="checkbox"/> Business status change	Effective date	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y	New business type _____
M	M	D	D	Y	Y				
<input type="checkbox"/> New federal ID to be registered			New name _____						
<input type="checkbox"/> Form IT 941, the final reconciliation, is enclosed.									