



Department of Taxation

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



07100100

IT 1 Rev. 8/14

Application for Registration as an Ohio Withholding Agent

[Empty box for Employer withholding account no.]

Employer withholding account no.
(For department use only)

[Empty box for Federal employer identification no.]

[Empty box for Ohio corporate charter no. / certificate no.]

Federal employer identification no. Ohio corporate charter no. / certificate no.

Reactivate for account number? Yes. If yes, provide number if available. [Empty box]

Will you have an employee that **resides** in a taxing school district? Yes No

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

2. Date of first Ohio payroll, if known (MM/DD/YY) _____

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

4. Legal name _____
(Corporation, sole owner, partnership, etc.)

5. Trade name or DBA _____

6. Primary address _____
Address of corporation, sole owner, partnership, etc. City State ZIP code

Business phone no. Fax no. Secondary phone no.

7. Mailing address _____
(If different from above) City State ZIP code

8. Check the box applicable to your estimated employer withholding remittance amount per year:
 Less than \$2,000 a year At least \$2,000, but less than \$84,000 Greater than \$84,000

9. Ohio liquor permit number (if any) [Empty box]

10. Information for individual responsible for filing returns and making payment of Ohio and school district withholding taxes:

Name Title Phone no. [Empty box] SSN / ITIN
City State ZIP code

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

Name Phone no. Fax no. E-mail address

Date _____ Signature of applicant _____

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.