



Department of Taxation

Please do not use staples.

SV FBP Request to File By Paper

Rev. 1/14

Severance account number FEIN/SSN

Use only UPPERCASE letters.

Taxpayer's name

Street address (number and street)

City State ZIP code

Contact's first name M.I. Last name

Telephone Fax

Title E-mail

Ohio Revised Code section 5749.06 requires that all severance filers remit each tax payment and corresponding return electronically. Additionally, a person required by that section to remit taxes or file returns electronically may apply to the tax commissioner, on the form prescribed, to be excused from that requirement for good cause.

Please describe in detail the reason(s) the above-referenced taxpayer requests to be excluded from the electronic filing requirement. The department will respond by letter indicating either approval or denial.

File by paper Pay by check File by paper and pay by check

SIGN HERE (required)

I declare under penalty of perjury that I am the taxpayer or the taxpayer's authorized agent having knowledge of the relevant facts in this matter to file this request to file by paper.

Signature Date (MM/DD/YY) Name (print) Title

Taxpayer representative: The taxpayer will be represented in the matter by the following individual. Please attach a Declaration of Tax Representative (Ohio form TBOR 1), which can be found on the department's Web site at tax.ohio.gov.

First name M.I. Last name

Telephone Title

E-mail