



### Request for Sales or Use Tax Voluntary Disclosure Agreement (VDA)

A taxpayer is not required to reveal its identity in order to request a VDA. A representative may submit an anonymous request on the taxpayer's behalf. Alternately, a taxpayer may initiate its own request and provide the company name and other information on the appropriate lines.

Representative name \_\_\_\_\_

Representative address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Company name \_\_\_\_\_

Company address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Type of VDA requested (check all that apply):

- Sales tax  Consumer's use tax  Seller's use tax (out-of-state sellers only)

Type of business \_\_\_\_\_

Type of products or services sold in Ohio

\_\_\_\_\_

Method of marketing products or services in Ohio

\_\_\_\_\_

Any other nexus-creating activities in Ohio

\_\_\_\_\_

Date activities began in Ohio \_\_\_\_\_ Has sales tax been collected?  Yes  No

If already registered for sales or use tax, provide registration number \_\_\_\_\_

Estimated sales tax liability \_\_\_\_\_ Estimated use tax liability \_\_\_\_\_

Has the company been contacted by the Ohio Department of Taxation regarding a sales or use tax audit, enforcement action or otherwise?  Yes  No

If yes, please describe nature of contact by the department

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed application to:
Ohio Department of Taxation
Sales & Use Tax Division
P.O. Box 530
Columbus, Ohio 43216-0530
OR
E-mail: SalesVDA@tax.state.oh.us