



### Municipal Net Profit Tax Municipality Notification for Tax Preparers

Municipality name: \_\_\_\_\_

Legal name of tax preparer: \_\_\_\_\_

Primary address (number and street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

The taxpayers listed below have opted-in to file the municipal net profit tax with the Ohio Department of Taxation. If the taxpayer is filing a consolidated return, list the group members' names, FEINs, and the primary group member's FEIN on page 2 of this form.

	Primary Taxpayer FEIN	Primary Taxpayer Name	Taxpayer Address (street, city, state, zip)	Consolidated?
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Authorized preparer's signature                      Printed name                      PTIN                      Date (MM/DD/YY)

Please make additional copies of this form as necessary.

