



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.

