



Request to List Tax-Sharing District

Please note: The municipal corporation must notify the Department of Taxation if any information on this form changes during the year or if the tax-sharing agreement is terminated, cancelled, or modified.

1. Name of the tax-sharing district: _____

2. City or village levying the tax for this district: _____

3. Tax rate _____ Effective date _____

4. Additional documents required and attached (please refer to information release MNP 2018-03):

[] Tax-sharing agreement [] Boundary map

[] GIS boundary data or list of parcel numbers included in the tax-sharing district

Note that the distribution of tax collected by the Department for this tax-sharing district will be paid to the city or village identified in response to question 2, above. The city or village receiving the tax distribution is responsible for distributing the tax between the parties in accordance with the terms of the agreement. Monthly distribution reports and semi-annual taxpayer information reports will be sent, by the Department, to the person(s) certified by the city or village in question 2 as the authorized recipient(s) of the taxpayer information.

The person signing below acknowledges that the tax commissioner will rely on the information provided with this form to distribute tax collections and share taxpayer information, and that presenting false information to the tax commissioner may subject the undersigned party to criminal, and/or civil penalties as provided for in the R.C. 2921.13. The undersigned, individually and on behalf of the city or village listed above, declares under penalties of perjury, that he or she is an authorized officer, employee, or agent of the city or village and that all of the information contained on this form is true, correct and complete.

Printed Name Signature Title Phone Number Date

Please fax this form to (206) 666-4462, or
E-mail this form to MNPTax@tax.state.oh.us, or
Mail this form to:

Ohio Department of Taxation - Business Tax Division
Municipal Net Profit Tax
P.O. Box 16158
Columbus, OH 43216-6158