Reset Form

Ohio | Department of Taxation
P.O. Box 530
Columbus, OH 43216-0530
tax.ohio.gov

Resort Area Gross Receipts Excise Tax
Request for Voluntary Disclosure

RT VDA
Rev 8/18

Resort Areas – Check One

☐ Kelleys Island ☐ Village of Put-In-Bay ☐ Township of Put-In-Bay ☐ City of Canton TDD

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 appropriate lines.

1. Representative name _____

2. Representative address _____
   Street City State ZIP

3. Representative email address_____

4. Representative telephone number (s) (_____)_____ (_____)_____
   Business Fax

5. Company name _____

6. Company address _____
   Street City State ZIP

7. Company email address_____

8. Company telephone number (s) (_____)_____ (_____)_____
   Business Fax

9. Vendor's license number, if applicable _____

10. How long have taxable activities been performed by the taxpayer in Ohio? _____

11. Provide a brief description of the source of the taxable gross receipts (e.g. services, tangible personal property, manufacturing)
    _____
    _____

12. State the taxpayer's type of organization (e.g. sole owner, partnership, corporation, LLC, LLP) _____

13. List any additional pertinent information _____
    _____

14. Has the company been contacted by the Ohio Department of Taxation regarding a RAGRET audit, criminal investigation active or compliance program? _____

    If yes, please describe nature of contact by the Department _____

_____ _____ _____
Printed name Signature Date

Submit completed application to the above address, fax to 206-339-9305 or Email SUTVDA@tax.state.oh.us
Telephone: 888-405-4039