Ohio | Department of Taxation
P.O. Box 182215
Columbus, OH 43218-2215
(888) 405-4089

07100100

Reset Form

IT 1 Rev. 11/17
Application for Registration as an Ohio Withholding Agent

(For department use only)

Federal Employer Identification Number

Secretary of State Entity Number

Check here to reactivate an account ☐ Provide account number to reactivate.

1. Check type of ownership: ☐ Sole owner ☐ Partnership ☐ Corporation ☐ Nonprofit ☐ LLC ☐ LLP ☐ LTD ☐ Single member LLC ☐ Other (please specify) _____
2. Date of first Ohio payroll (MM/DD/YY) _____
3. Provide NAICS code and state nature of business activity _____ (For the most current listing, search NAICS on our website at **tax.ohio.gov**)
4. Legal name of business _____
5. Trade name or DBA _____
6. Primary address of business _____
   Street City State ZIP code

   Business phone number Fax number Secondary phone number
7. Mailing address _____
   Street City State ZIP code
8. Check the box applicable to your estimated employer withholding remittance amount per year:
   ☐ $2,000 or less ☐ Greater than $2,000, but less than $84,000 ☐ At least $84,000
9. Information for individual responsible for filing returns and making payment of Ohio and school district withholding taxes:

   Name Title Phone number SSN / ITIN

   Street City State ZIP code
10. Name, phone number, fax number and e-mail address of individual the department should contact regarding this account

    Name Phone number Fax number E-mail address

Date _____ Signature of applicant _____

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.