



Department of Taxation

Please do not use staples.

TOB FBP Request to File By Paper Rev. 10/16

FEIN/SSN Account number

Use only UPPERCASE letters.

Taxpayer's name

Street address (number and street)

City State ZIP code

Contact's first name M.I. Last name

Telephone Fax

Title E-mail

Ohio Adm. Code 5703-15-23 requires that all cigarette, master settlement agreement and other tobacco products filers remit each tax payment and return electronically. Additionally, a person required by that rule to remit taxes or file returns electronically may apply to the tax commissioner, on the form prescribed, to be excused from that requirement for good cause.

Please describe in detail the reason(s) the above-referenced taxpayer requests to be excluded from the electronic filing requirement. The department will respond by letter indicating either approval or denial.

File by paper Pay by check File by paper and pay by check

Description area for reasons

SIGN HERE (required)

I declare under penalty of perjury that I am the taxpayer or the taxpayer's authorized agent having knowledge of the relevant facts in this matter to file this request to file by paper.

Signature Date (MM/DD/YY) Name (print) Title

Taxpayer representative: The taxpayer will be represented in the matter by the following individual. Please attach a Declaration of Tax Representative (Ohio form TBOR 1), which can be found on the department's Web site at tax.ohio.gov.

First name M.I. Last name

Telephone Title

E-mail