



**Department of Taxation**

Please do not use staples.

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

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

**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