



# Ohio Department of TAXATION

P.O. Box 182215 • Columbus, OH 43218-2215  
tax.ohio.gov • Fax: (614) 387-1851

| FOR STATE USE ONLY      |                  |
|-------------------------|------------------|
| Account Number Assigned |                  |
|                         |                  |
| Effective Date          | Filing Frequency |
|                         |                  |

UT 1008  
Rev. 4/05

Check Digit

## Application for Consumers Use Tax Registration

Federal employer identification no.

Social security no.

Ohio corporate charter no.

**Please print.**

If you are a foreign corporation, give Ohio certificate number.

1. Check type of ownership: (10) Sole owner  (20) Partnership  (30) Corporation  (40) Association   
(50) LLC  (60) Fiduciary  (70) LLP  (80) LTD  (100) Business trust

2. When did you begin or will you begin to accrue use tax? (mm/dd/yy)

3. Provide NAICS code and state nature of business activity.

(For most current NAICS listing, visit us at [tax.ohio.gov](http://tax.ohio.gov))

Description of business activity \_\_\_\_\_

4. Legal name \_\_\_\_\_

5. Trade name or DBA \_\_\_\_\_

(If partnership, list names)

6. Primary address \_\_\_\_\_

(Home/office address of corporation, sole owner or partnership) City State ZIP

\_\_\_\_\_  
(Home/office phone no.)

\_\_\_\_\_  
(Home/office fax no.)

\_\_\_\_\_  
(Business phone no.)

7. Mailing address \_\_\_\_\_

(If different from above)

City

State

ZIP

8. List location of all permanent places of business in Ohio, if applicable, and provide vendor's license numbers.

Name Street City State ZIP

Vendor's license no.

Name Street City State ZIP

Vendor's license no.

9. How much use tax do you anticipate accruing each month? (03) Less than \$5,000  (01) \$5,000 or greater

10. If this application is for a new registration due to change in ownership, please list the old account number.

11. If you operate as a corporation or partnership, list appropriate names, addresses and social security numbers below.

Social security no.

President/Partner \_\_\_\_\_

Name Street City State ZIP

Social security no.

Vice-Pres/Partner \_\_\_\_\_

Name Street City State ZIP

Social security no.

Secy/Treas/Partner \_\_\_\_\_

Name Street City State ZIP

Social security no.

**I hereby declare the above to be true and correct to the best of my knowledge and belief.**

Date

Signature of owner or officer of company

**Mail to:** Ohio Department of Taxation, Registration Unit, P.O. Box 182215, Columbus, OH 43218-2215.  
No registration fee required.