



UT 1000 Rev. 2/07

Application for Certificate of Registration

Account number [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Please print.

Federal employer identification no.

Social Security no.

Ohio corporate charter no.

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 or will you begin providing taxable sales in the state of Ohio? (mm/dd/yy) \_\_\_\_\_

3. Provide NAICS code and state nature of business activity \_\_\_\_\_ (For the most current NAICS listings, visit our Web site at tax.ohio.gov.)

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.)

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. Name and address of each agent operating in Ohio.

Name Street City State ZIP

Name Street City State ZIP

10. How much sales tax do you expect to collect each month? (06) Less than \$200 [ ] (01) \$200 or greater [ ]

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

\_\_\_\_\_

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

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. Phone (888) 405-4089. No registration fee required.