



Department of Taxation

P.O. Box 2476  
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tax.ohio.gov

Tax Year

FIT AR  
Prescribed 4/13

### ADD/REMOVE a Member to/from a Consolidated Group Financial Institutions Tax (FIT)

(This form only applies to existing taxpayer groups.)

Reporting Member FIT Account Number \_\_\_\_\_ Reporting Member FEIN \_\_\_\_\_ Reporting Member Name \_\_\_\_\_

<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Corporation name _____ FEIN _____
Address _____
Reason <sup>1</sup> _____ Effective date <sup>2</sup> _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Corporation name _____ FEIN _____
Address _____
Reason <sup>1</sup> _____ Effective date <sup>2</sup> _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Corporation name _____ FEIN _____
Address _____
Reason <sup>1</sup> _____ Effective date <sup>2</sup> _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Corporation name _____ FEIN _____
Address _____
Reason <sup>1</sup> _____ Effective date <sup>2</sup> _____

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

Date (MM/DD/YYYY) \_\_\_\_\_ Signature \_\_\_\_\_

Contact telephone no. \_\_\_\_\_ E-mail \_\_\_\_\_

<sup>1</sup> Reasons for addition or removal (e.g., acquisition, merger, out of business, sold business, dissolution, bankruptcy).

<sup>2</sup> "Effective date" refers to the date this entity became a member of the consolidated group or the date this entity was removed from the consolidated group for filing purposes.

Please make additional copies of this form as necessary.