



Department of Taxation

Please do not use staples.

FIT CA Request to Cancel Account Rev. 10/13

FIT account number Ohio charter or license number FEIN/SSN

Use only UPPERCASE letters.

Reporting person's name

Please cancel my FIT account effective (MM/DD/YY)

Reason for cancellation:

Business closed. Date (MM/DD/YY):

Bankruptcy. Case no:

Organizational change. New FEIN:

Sold/merged business. Please provide the following information regarding the company or person to whom the business was sold or with whom the business merged:

Name

Address

FEIN

FIT account number

Effective date of sale/merger (MM/DD/YY)

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 cancel this account.

Signature Date (MM/DD/YY)

Name Title

Contact person: 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

Street address (number and street)

City State ZIP code

Telephone Fax

Title E-mail

Please send this request to: Ohio Department of Taxation, Business Tax Division, Financial Institutions Tax Unit, P.O. Box 2476, Columbus, OH 43216-2476 or fax to (206) 666-4462.