●	Department of Taxation P.O. Box 16158 Columbus, OH 43216-6158			CAT FF Rev. 8/20 Request to Change Filing Frequency
Please do not use stapl	es.			
CAT account numbe	r FEIN or Social Secu	rity number		
Use only UPPERCA Reporting member's				
Please check the ap	propriate box below:			
of the change, ap year. Such taxpay that same calend	frequency ing from a calendar year filing oly the full \$1 million exclusior rers may carry forward and ap ar year. The tax rate shall be alendar year taxpayer to a cal	amount to the first cale oply any unused exclusi based on the rate impo	endar quarter return the on amount to subsequ osed in the calendar q	e taxpayer files that calendar uent calendar quarters within uarter in which the taxpayer
the due date of the	quency lency is effective in the currer e annual minimum tax (due M ^r year. Effective date (MM/DD	lay 10 of each year). Ot		
NOTE: By checking the current calendar	the box above, the taxpayer year.	affirms that it will have	less than \$1 million i	n taxable gross receipts for
SIGN HERE (requir	ed)			
	alty of perjury that I am the matter to file this request to			nt having knowledge of the
Signature			Date (MM/DD/YY)	
Name			Title	
	ne taxpayer will be represent ve (Ohio form TBOR 1), whic			
Your first name	1	M.I. Last name		
Home address (num	ber and street)			
City		State	ZIP code	
Telephone	Fax			
Title		E-mail		
	n s to send this request: Electron i ay.ohio.gov – Online Notice Respon Business Tax Division -		4462; Mail: Ohio Departm	