



Department of Taxation

Please do not use staples.

FIT FBP Request to File By Paper Rev. 8/20

FIT account number Ohio charter or license number FEIN/SSN

Use only UPPERCASE letters.

Reporting person's name

Street address (number and street)

City State ZIP code

Contact's first name M.I. Last name

Telephone Fax

Title E-mail

Ohio Revised Code section 5726.03 requires that all FIT filers remit each tax payment and corresponding report electronically. Additionally, a person required by that section to remit taxes or file reports electronically may apply to the tax commissioner, on the form prescribed, to be excused from that requirement for good cause.

Please select and describe in detail the reason(s) the above-referenced taxpayer requests to be excluded from the electronic filing requirement. The department will respond by letter indicating either approval or denial.

File by paper Pay by check File by paper and pay by check

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 file by paper.

Signature Date (MM/DD/YY) Name Title

Taxpayer representative: 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

Telephone Title

E-mail