



**Department of Taxation**

Tax Release Unit  
P.O. Box 182382  
Columbus, OH 43218-2382

TR RQS  
Rev. 2/22

## Application for D3/D4/Statement of Condition

**General Information** - Full instructions available at [tax.ohio.gov](http://tax.ohio.gov)

- This form is used to request a D3 Certificate (Reinstate a Charter); a D4 Certificate (Qualification to Receive Foreign License in Ohio); a Business Statement of Condition; or a Personal Income Tax Statement of Condition.
- Certificates are only issued after all returns are filed and related liabilities paid in full (including applicable penalty and interest).
- S Corporations must provide proof of S Corp election (IRS letter 385C). All others must provide proof of FEIN (IRS letter 147C).
- Send the completed form and, if applicable the Ohio Declaration of Tax Representative (TBOR 1), to the e-mail address, fax number, or e-mail mailing address listed at the bottom of this form. Allow 4-6 weeks for processing.

**Section 1: Select Request Type**

Reinstate Ohio Charter (D3)       Statement of Condition Letter (SOC)

Qualify for Ohio Charter (D4)       Personal Statement of Condition

### Section 2: Company Information

Legal name	FEIN
DBA (if applicable)	Ohio state charter number
Street address	Ohio sales tax account number (if applicable)
City, State, ZIP code	Ohio withholding account number (if applicable)
Date business started in Ohio	SSN (if applicable)

### Section 3: Requestor Information

Name	Title
Street address	Telephone number
City, State, ZIP code	Fax number

### Section 4: Authorized Signature

**Disclosure Authorization:** If requestor or certificate recipient is a third party taxpayer representative, you must include a completed Ohio TBOR 1 or request will not be processed.

**An owner or officer of the business requesting the tax clearance must complete this section. If you have been appointed as representative for the taxpayer, you must include a copy of your Ohio TBOR 1 that specifically states your authorization to request this tax clearance and receive all related correspondence from the Ohio Department of Taxation.**

Name	Signature
Title	Date

**To submit this application, please use one of the following options:**

**Online Notice Response Service:**  
[tax.ohio.gov](http://tax.ohio.gov) - Contact Us  
-or- [gateway.ohio.gov](http://gateway.ohio.gov)

**eFax:** (206) 984-0378  
**Phone:** (855) 995-4422  
**Email:** [Taxreleasegroup@tax.state.oh.us](mailto:Taxreleasegroup@tax.state.oh.us)

**Mail:**  
Ohio Department of Taxation  
Tax Release Unit  
P.O. Box 182382  
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