



Department of Taxation

P.O. Box 16158
Columbus, OH 43216-6158
tax.ohio.gov

CAT 1
Rev. 11/23
Page 1



Commercial Activity Tax Registration

Please complete in black or blue ink – do not use pencil.

Federal employer identification number

Social security number (if no FEIN)

For state use only

1. Type of organization (check only one):
- Association/trust C corporation LLC
- LLP LTD (non-U.S.) Partnership (other than LLP) QSSS S corporation
- Single-member LLC Sole proprietorship Other (please describe) _____

If you selected anything other than sole proprietor, please complete Schedule A.

2. When did you first become subject to the commercial activity tax? (MM/DD/YY)

3. Annual amount of taxable gross receipts anticipated?

- Less than \$1 million \$1,000,000 - \$3,000,000 \$3,000,001 - \$6,000,000 Over \$6 million

4. Are you a consolidated elected taxpayer, a combined taxpayer or a single entity taxpayer? Check only one.

- Consolidated elected with 80% ownership Consolidated elected with 50% ownership Combined Single entity taxpayer

By checking either consolidated box above, the entities listed on Schedule B of this registration hereby elect to file a consolidated return.

If you are consolidated, are you including your non-U.S. entities (same ownership election as above)?

- Yes No N/A (currently do not have any non-U.S. entity)

5. If you are a consolidated elected taxpayer or a combined taxpayer, please enter the total number of members, including yourself, and complete Schedule B (attached).

6. A. Legal name of entity (sole proprietor complete 4B):

B. Sole proprietor:

Last name

First name

M.I.

7. Trade name or DBA:

Date Received (For state use only)
M M D D Y Y



Federal employer identification number

Social security number

8. Primary address:

Address of taxpayer's principal office

City

State

ZIP code

Country (if other than U.S.A.)

9. Contact information

Mailing address (if different from primary)

City

State

ZIP code

Country (if other than U.S.A.)

Office/home phone number

Office/home fax number

E-mail address

10. List the state or country under whose laws the taxpayer is organized (if applicable).

11. If you are registered with the Ohio Secretary of State, enter your charter number, registration number or license-to-conduct-business number:

12. NAICS code: (For most current NAICS listing, visit us at tax.ohio.gov)

I hereby declare that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Name of applicant or agent (please print)

Signature

Date (MM/DD/YY)

Options to submit this application: Electronically: tax.ohio.gov – Contact Us - Online Notice Response Service or gateway.ohio.gov – Online Notice Response Service: **eFax** – 206-666-4462; **Mail:** Ohio Department of Taxation, Business Tax Division - CAT 1, P.O. Box 16158, Columbus OH 43216-6158



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Schedule A – Commercial Activity Tax (CAT)

Schedule A is to be completed by all taxpayers other than sole proprietorships. Please list the required information for either the corporate officers, partners or members. If you are a consolidated elected taxpayer or a combined taxpayer, list the information only for the primary entity.

Name of filer:
(as shown on line 4)

FEIN: **SSN:** **CAT account no. (if issued) for primary entity:**

Indicate: Officer*, general partner, managing partner or member	Name		Address	Country	
	FEIN	SSN	City	State	ZIP code

*President, vice president, secretary, treasurer, statutory agent



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**Schedule B – Commercial Activity Tax (CAT)
Members of Consolidated Elected Taxpayers or Combined Taxpayer**

A consolidated election will remain in effect for *eight calendar quarters* and is automatically renewable unless cancelled by the registrant or revoked by the tax commissioner. Please complete the information below for each member of the consolidated elected or combined group.

Primary entity of consolidated or combined group:

(as shown on line 4)

FEIN: _____ **SSN:** _____ **CAT account no. (if issued) of primary
entity of consolidated or combined group:** _____

Federal Employer ID No.	Social Security No.	Address			Type of organization ¹	State of organization
Name of Member of Consolidated Elected Taxpayer or Combined Taxpayer	City	State	ZIP code	NAICS code ²	Country of organization	
Trade name or DBA		Country				

I hereby declare that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Date (MM/DD/YY) _____ **Signature of applicant or agent** _____

¹Organization type (association/trust, C corporation, LLC, LLP, LTD (non-U.S.), partnership, S corporation, sole proprietorship, other)
²For NAICS codes visit tax.ohio.gov

Please make additional copies of this schedule as necessary.