

Please do not use staples.

## **CAT ES** Rev. 11/23 Request to Change Election Status

CAT account number	FEIN/SSN	Date of original consolidation	Eff. date of change request	
		M M D D Y Y	M M D D Y Y	
Use only UPPERCASE lett	ers.			
Reporting member's name				
Section 1 – Change in Stat	us			
			n all entities) showing the business with R.C. 5751.011, R.C. 5751.012	
1. New taxpayer type: (Chec	ck only one)			
Consolidated elected	at 80% Consolidated elec	ted at 50% Combined	Single	
	nt calendar quarters and is automat		return. Any consolidated election will by the registrant prior to the expiration	
<ul> <li>Existing consolidated elected taxpayer groups wishing to cancel a previous election to consolidate should complete section 2 of this form.</li> </ul>				
<ul> <li>Please reference R.C. 5751.011 and 5751.012, as well as information releases CAT 2005-05 and CAT 2005-16 for a detailed explanation of each filing status.</li> </ul>				
If changing to a consol	lidated elected or combined taxpay	er group and adding members, a	ittach CAT AR.	
2. If the group is a consolida	ated elected taxpayer group, does t	he group elect to include its non-	U.S. entities?	
Yes No	N/A (currently do not have any non-	-U.S. entities) Number	of members	
3. Please enter the total nur	mber of members, including the prir	mary/reporting member.	,	
Primary/reporting member's	first name M.I. L	ast name		
Section 2 – Cancellation of	f Consolidated Election			
By checking this box, the above-referenced taxpayer group hereby notifies the tax commissioner that the group cancels its election to consolidate. Such cancellation is not effective until the expiration of eight calendar quarters from the time of election or renewal to consolidate. The group will become a combined taxpayer group, providing common ownership exists, pursuant to rule 5703-29-19. Please attach documentation indicating how each entity should now be registered.				
			wishes to notify the tax commissioner be true and correct to the best of my	
SIGN HERE (required)				
I declare under penalty of pethis matter to file this reques		taxpayer's authorized agent hav	ing knowledge of the relevant facts in	
Signature		Date (MM/DD/	YYY)	
Name		Title		

Any member acquired or formed after the filing of the initial registration shall be included in the group. The group must notify the tax commissioner of any additions with either the next tax return filed or form CAT AR. You must attach a complete organizational chart (including percentages of ownership between all entities) showing the business structure that reflects its common owner for purposes of the CAT. The chart must comply with R.C. 5751.011, R.C. 5751.012 and O.A.C. 5703-29-02.



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Contact person: The taxpayer will be represented in the matter by the following individual. Please attach a Declaration of Tax Representative (form TBOR 1), which can be found on the department's Web site at tax.ohio.gov.

Your first name

M.I. Last name

	· · · · · · ·	
Your first name	M.I.	Last name
Home address (number and street)		
City		State ZIP code
Telephone Fax		
Title		E-mail
	I	

Options to submit this request: 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 ES, P.O. Box 16158, Columbus OH 43216-6158