



Commercial Activity Tax – Request to File Separately\*

Primary taxpayer's name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

FEIN or Social Security no. \_\_\_\_\_ CAT account no. \_\_\_\_\_

Member requesting to file separately \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_
FEIN or Social Security no. \_\_\_\_\_ CAT account no. \_\_\_\_\_

Reason for request to file separately (must list specific reasons/issues)
[ ] Check here if continued on attached page
Note: This request may be made only by combined taxpayer groups. If this request is granted, the member requesting to file separately may not elect to consolidate with other members of the same or a different taxpayer group. The tax commissioner may revoke special filing approval at any time.

Effective date of separate filing (if different from the succeeding tax period) \_\_\_\_\_

Note: Special approval by the tax commissioner is required for the separate filing to begin with the current tax period. Please attach a letter documenting reasons for this request.

Primary taxpayer and member agree to the following: The separately filing member may not claim any of the group's annual exclusion. The member will file as a separate taxpayer and will be subject to the applicable tax rate on all of the member's taxable gross receipts without any exclusion. The separately filing member is financially sound and currently able to pay the commercial activity tax. All members, including the separately filing member, remain jointly and severally liable for the combined group's tax liability.

I hereby declare the above to be true and correct to the best of my knowledge and belief.

Primary taxpayer representative Signature Date (MM/DD/YY)

Representative of member requesting to file separate Signature Date (MM/DD/YY)

Contact telephone no. (required) \_\_\_\_\_ E-mail \_\_\_\_\_

Options to send 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 RFTS, P.O. Box 16158 Columbus OH 43216-6158

\*This form is created pursuant to Adm. Rule 5703-29-08.