



Department of Taxation
 P.O. Box 2476 Columbus,
 OH 43216-2476
 tax.ohio.gov

Tax Year

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FIT AR
 Rev. 8/20

ADD/REMOVE a Member to/from a Consolidated Group Financial Institutions Tax (FIT)

(This form only applies to existing taxpayer groups.)

Reporting Member FIT Account Number _____ **Reporting Member FEIN** _____ **Reporting Member Name** _____

<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____ Address _____ Reason ¹ _____ Effective date ² _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____ Address _____ Reason ¹ _____ Effective date ² _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____ Address _____ Reason ¹ _____ Effective date ² _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove (select one)
Company name _____ FEIN _____ Address _____ Reason ¹ _____ Effective date ² _____

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

Date (MM/DD/YYYY) _____ **Signature** _____

Contact telephone no. _____ **E-mail** _____

¹ Reasons for addition or removal (e.g., acquisition, merger, out of business, sold business, dissolution, bankruptcy).

² "Effective date" refers to the date this entity became a member of the consolidated group or the date this entity was removed from the consolidated group for filing purposes.

Please make additional copies of this form as necessary.

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 Financial Institutions Tax Unit, P.O. Box 2476 Columbus OH 43216-2476