



**Department of Taxation**

Please do not use staples.

**FIT FBP** Rev. 8/20  
**Request to File By Paper**

FIT account number	Ohio charter or license number	FEIN/SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>

Use only UPPERCASE letters.

Reporting person's name

Street address (number and street)

City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact's first name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Fax
<input type="text"/>	<input type="text"/>

Title	E-mail
<input type="text"/>	<input type="text"/>

Ohio Revised Code section 5726.03 requires that all FIT filers remit each tax payment and corresponding report electronically. Additionally, a person required by that section to remit taxes or file reports electronically may apply to the tax commissioner, on the form prescribed, to be excused from that requirement for **good cause**.

Please select and describe in detail the reason(s) the above-referenced taxpayer requests to be excluded from the electronic filing requirement. The department will respond by letter indicating either approval or denial.

File by paper     Pay by check     File by paper and pay by check

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**SIGN HERE (required)**

I declare under penalty of perjury that I am the taxpayer or the taxpayer's authorized agent having knowledge of the relevant facts in this matter to file this request to file by paper.

<input type="text"/>	<input type="text"/>
Signature	Date (MM/DD/YY)
<input type="text"/>	<input type="text"/>
Name	Title

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

First name	M.I.	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Title
<input type="text"/>	<input type="text"/>

E-mail