



**Ohio Department of
TAXATION**
Central Registration Unit
P.O. Box 182215
Columbus, OH 43218-2215

Form IT-1
(Rev. 2/01)

Combined Application for Registration as an Ohio Withholding/School District Withholding Agent

Please Type or Print

Reactivate for Account No. _____ - _____

Please Select

Ohio Withholding ☐ School District Withholding ☐

Federal Employer Identification No. _____ - _____

Charter No. _____ Business Type Code No. (see below) _____

Legal Name _____

Trade Name/DBA _____

North American Industrial Code System or Standard Industry Code (if unknown, leave blank) _____

Date Ohio Payroll Anticipated _____ County: _____

Primary Address (Home Office/Residence) _____

Mailing Address _____

Home Telephone No. _____ Business Telephone No. _____

Ohio Liquor Permit No. _____

Required to Withhold School District Income Tax (check here) ☐ If you need to activate your School District Account at a later date, please call 1-888-405-4089.

Name, Social Security No. and Title of Individual Responsible for Filing Returns and Payment of Ohio Withholding/
School District Withholding Tax.

Name _____ SSN _____

Title _____

Signature of Above _____ Date _____

005	Individual	150	Non Profit
010	Sole Proprietor	160	National Bank
020	General Partnership	170	State Bank
030	Corporation	180	S Corporation
040	Professional Association	190	Agricultural Association (Co-op)
050	Limited Liability Company	230	Dealer in Intangibles
060	Fiduciary	240	Insurance
070	Limited Liability Partnership	250	Federal Credit Union
080	Limited Partnership	260	State Credit Union
090	Trust	270	State Savings & Loan
100	Business Trust	275	Federal Savings & Loan
110	Regulated Investment Company	280	Federal Government
120	Real Estate Investment Trusts	290	Local Government
130	Real Estate Mortgage Investment Conduits	300	State Government
140	Public Utility	999	Other