

Department of Taxation

P.O. Box 182215 Columbus, OH 43218-2215 (888) 405-4089



UT 1000 Rev. 12/09 **Application for**

Certificate of Registration for Out-of-State Sellers

				Account no. (For department use only)			
1. Check (50) LL	C (70) LLP ((10) Sole owner O) (80) LTD O Other	(please specify)	O (30) Cor	poration O		ofit O
		pegin providing taxabl			(1	For the most curr	ent listings search
3. Provide NAICS code and state nature of business activity							site at tax.ohio.gov.)
5. Trade r	(Corporation, sole	owner, partnership, etc.)					
6. Primary	Address of Address of	corporation, sole owner, partr	nership, etc.	City		State	ZIP code
	Business phone no. Fax no.				Secondary phone no.		
7. Mailing	address(If different t	from above)		City		State	ZIP code
8. How m	,	ou expect to collect ea	ach month? Less		\$200 or gr		211 0000
9. If you o	perate as a corpor	ation or partnership, I	ist appropriate na	mes, address	ses and ident	ification num	bers below.
Title	Name	Street	City	State	ZIP code	SSN / I	TIN / FEIN
Title	Name	Street	City	State	ZIP code	SSN / ITIN / FEIN	
Title	Name	Street	City	State	ZIP code	SSN / I	TIN / FEIN
10. Name, count	phone number, fa	x number and e-mail	address of indivi	dual the depa	artment shou		
Name		Pho	Fax no.		E-mail address		
 Date		Signature of applicant					

Mail to the address above.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.