



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

Tax Year _____

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 **Reporting Member** **Reporting Member**
Account Number _____ **FEIN** _____ **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