



Request for Taxpayer Information

Please fill in the Taxpayer Name*, Request Type*, and indicate the Tax Credit or Incentive Sought*.

Taxpayer Name: _____

	<u>Request Type</u>	<u>Description</u>	<u>Tax Credit or Incentive Sought</u>
<input type="checkbox"/>	Certified Debt Review	All Ohio business tax accounts are reviewed, and a summary of outstanding certified tax obligations (if any) is provided.	Must indicate the type of loan/grant/credit or incentive being sought
<input type="checkbox"/>	Status Update	A second review of an entity to verify resolution of their certified tax issues.	

* Denotes a required field (if credit/grant is not specified, the request will not be processed).

Requester Comments:

ODT Comment:

AUTHORIZATION TO RELEASE TAX INFORMATION

I, name of company or individual requesting incentive, (printed name of taxpayer) hereby authorize the Ohio Department of Taxation and any of its agents and/or employees to release my tax records to the Ohio Development Services Agency, JobsOhio, Ohio Venture Capital Authority, Ohio Housing Finance Agency, Ohio Rail Development Commission, Ohio Air Quality Development Authority, Ohio Secretary of State, and Central Ohio Workforce Investment Corporation. These records shall be limited to information obtained and maintained by the Ohio Department of Taxation and shall not contain any federal tax information as defined in I.R.C. 6103 and received from the Internal Revenue Service. I understand that these records may be used by the above-referenced organizations to ensure my taxpayer compliance with all Ohio tax laws, and to verify the information reported to the above-referenced organizations for various purposes relating to evaluation of potential tax credits, grant awards, or loan issuances. I expressly waive the confidentiality provisions of the Ohio Revised Code which would otherwise prohibit disclosure, and agree to hold the above-referenced organizations harmless with respect to the limited disclosure herein. Except as authorized by this waiver, the above-referenced organizations must maintain the confidentiality of the information received pursuant to O.R.C. 1347.15(H) and/or other governing law with respect to this waiver. Further, the information is not subject to public inspection pursuant to O.R.C. 149.43(A)(1)(v) and shall not otherwise be re-disclosed. For purposes of this waiver, JobsOhio is contractually and statutorily bound to Ohio Development Services Agency confidentiality requirements.

This is a standardized form, and may not be altered in any way. Rewritten or altered versions of this form will not be accepted. Only in instances in which the organizations have a legitimate business purpose for reviewing this information, will taxpayer information be shared with the following: Ohio Development Services Agency, JobsOhio, Ohio Venture Capital Authority, Ohio Housing Finance Agency, Ohio Rail Development Commission, Ohio Air Quality Development Authority, Ohio Secretary of State, and Central Ohio Workforce Investment Corporation.

I certify under penalties of perjury that I am the taxpayer identified below or an agent authorized to certify on its behalf.

Company Name: Name of company or individual requesting incentive

Name & Title of Agent (printed): must be signed by an owner or officer of the company requesting the grant/credit/loan or other incentive and list title of that owner or officer

Signature of Authorized Agent: Must be an original signature of the Agent listed above.

Date: Within 1 year from today. Company Telephone Number: _____

Company Address: Mailing address to use when a letter is created in response to this request

REQUIRED INFORMATION: MUST BE COMPLETED	
Ohio Employer Withholding Account Number:	_____
Federal Employer Identification Number:	Required information - if it is a company requesting the incentive
Social Security Number (if applicant is an individual):	Required information - if an individual is requesting the incentive

OTHER INFORMATION	
Ohio Charter Number:	_____
Ohio Franchise Tax Identification Number:	_____
Commercial Activity Tax Account Number:	_____
Ohio Vendor's License Number:	_____
Ohio Consumer's Use Tax Account Number:	_____
Ohio Direct Pay Permit Number:	_____