

For State Use Only

## **Opt Out Request Form for Electronic Filing of Sales Tax**

Vendor's License Number_		
Name		
Address		
City, State, ZIP code		
vendor's license, on or be month, in the form presci due." The return shall be	fore the 23 <sup>rd</sup> day of each month, sha ribed by the tax commissioner, and	h person who has or is required to have a all make and file a return for the preceding shall pay the tax shown on the return to be Business Gateway, the Ohio TeleFile system oner.
apply to the tax commiss	sioner to be excused from the req e the person from the requiremen	rns and make payments electronically may uirement. For good cause shown, the tax t and may permit the person to file their
	We will notify you by letter if your r	to be excluded from the electronic filing equest has been approved or denied (please
Signature	Date	Phone number