



**Department of  
Taxation**

P.O. Box 16158  
Columbus, OH 43216-6158  
Phone: (844) 238-0403  
Fax: (206) 666-4462

MNP CR  
Revised 05/19

**Request to Cancel  
Municipal Net Profit Tax Account**

(Complete in black or blue ink – do not use pencil.)

MNP account number

FEIN

Reporting member's name \_\_\_\_\_

Street Address \_\_\_\_\_

Street

City

State

Zip Code

Please cancel my MNP account effective (MM/DD/YY) \_\_\_\_\_

Reason for cancellation:

☐ No longer required to file Municipal Net Profit Tax

☐ Opting out of state administered filing\*

☐ Business closed. Date (MM/DD/YY) \_\_\_\_\_

☐ Bankruptcy. Case no: \_\_\_\_\_

☐ Organizational change. New FEIN: \_\_\_\_\_

☐ Sold/merged business. Please provide the following information regarding the company or individual to whom the business was sold or with whom the business merged:

Name of company \_\_\_\_\_

Address of company \_\_\_\_\_

FEIN of company \_\_\_\_\_

Effective date of sale/merger (MM/DD/YY) \_\_\_\_\_

\*Pursuant to R.C.718.80(B), opting-out must be completed on or before the first day of the third month after the beginning of the taxpayer's taxable year.

**SIGN HERE (REQUIRED)**

I declare under penalties of perjury that this request to cancel the above-referenced account has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report.

Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

**Contact person:** The taxpayer will be represented in the matter by the following individual. Please attach a Declaration of Tax Representative (Ohio form TBOR 1), which can be found on the department's website at [tax.ohio.gov](http://tax.ohio.gov).

Name \_\_\_\_\_  
First M.I. Last

Telephone \_\_\_\_\_ Title \_\_\_\_\_ E-mail \_\_\_\_\_

**Please send this request to:**

Ohio Department of Taxation, Business Tax Division, P.O. Box 16158, Columbus, OH 43216-6158 or fax to (206) 666-4462.