

# Instructions for completing the Request for Taxpayer Information form

Review these instructions BEFORE filling out the Ohio Department of Taxation Request for Taxpayer Information form that will be submitted with the funding application. The form must be completed for the parent company of each member of the ownership entity.

## Page 1

### Taxpayer Name:

Enter the name of the applicable Taxpayer here. This should be the **parent company** of the member of the ownership entity for whom the form is being completed. This is NOT the name of the Ownership Entity (LP, LLC, etc.), but should correspond to one of the below from the AHFA, *Development Team* tab.

- Majority GP or Managing Member, Parent Company: Cell D83
- Minority Member 1, Parent Company: Cell D96
- Minority Member 2, Parent Company: Cell D109

Please fill in the "Taxpayer Name" line, check the box for "Request Type", and state the tax incentive in the "Tax Credit / Incentive sought" box.

**Taxpayer Name:**

### Request Type/Description/Tax Credit-Incentive sought:

Select "Statement of Condition" and in the Tax Credit/Incentive sought box, state the funding sources being applied for (LIHTC, HDAP, etc.).

<u>Request Type</u>	<u>Description</u>	<u>*Tax Credit / Incentive sought</u>
<input type="checkbox"/> Statement of Condition	Current status of all ODT accounts including only debt that has been certified to the Attorney General for collection.	

## Page 2

I, \_\_\_\_\_:

Enter the name of the applicable member's parent company here. Must match the Company Name entered below and Taxpayer Name entered at the top of the form.

### AUTHORIZATION TO RELEASE TAX INFORMATION

I, \_\_\_\_\_, (printed name of taxpayer) hereby authorize the Ohio

### Company Name:

Enter the name of the applicable member's parent company here. Must match the Taxpayer Name entered at the top of the form.

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 & Title of Agent (printed):**

Name- Enter the person's name who is an [Authorized Signor of the applicable member \(the Majority GP, Minority Member 1, or Minority Member 2\)](#) for whom the form is being completed. **This needs to be an Executive Director, President, etc. of the Parent Company for that specific member.**

Title- Enter the [Authorized Signor's title](#). (This will be [Executive Director, President, etc.](#) - that person's title in the company they work for. **This is NOT their role in the ownership entity such as Managing Member, etc.**)

Name & Title of Agent (printed): \_\_\_\_\_

**Signature of Authorized Agent:**

Original signature of the agent listed above.

Signature of Authorized Agent: \_\_\_\_\_

**Date:**

Date form is completed and signed.

Date: \_\_\_\_\_

**Company Telephone Number:**

Company Telephone Number: \_\_\_\_\_

**Company Address:**

Enter the address of the applicable member for whom the form is being completed as listed in the [AHFA - Development Team tab](#):

- Majority GP or Managing Member: [Cells D73-D77](#)
- Minority Member 1: [Cells D86-D90](#)
- Minority Member 2: [Cells D99-D103](#)

Company Address: \_\_\_\_\_

**Ohio Employer Withholding Account Number:**

Enter the Employer Withholding account number.

**REQUIRED INFORMATION: MUST BE COMPLETED**  
Ohio Employer Withholding Account Number: \_\_\_\_\_

**Federal Employer Identification Number:**

Enter the Federal Tax ID number of the applicable member for whom the form is being completed, as listed in the [AHFA - Development Team tab](#):

- Majority GP or Managing Member: [Cell D81](#)
- Minority Member 1: [Cell D94](#)
- Minority Member 2: [Cell D107](#)

Federal Employer Identification Number: \_\_\_\_\_

**Social Security Number:**

Only required if an individual is requesting the incentive.

Social Security Number (if applicant is an individual): \_\_\_\_\_