

ACH EXEMPTION REQUEST FORM

TAXPAYER INFORMATION

Taxpayer Account Name: _____

Tax Account Number: _____

Federal Tax ID Number: _____

TAXPAYER CONTACT INFORMATION

Primary Contact Person: _____

Address: _____

Phone Number: _____ FAX Number: _____

E-mail: _____

EXEMPTION REQUEST

Consideration for exemption at this time from the ACH electronic filing requirement is requested due to the following reason(s):

Taxpayer Signature

Date

Printed Name

Title

Please mail the completed form to:

City of Sharonville Income Tax Office
ACH Electronic Filing Program
11641 Chester Road
Sharonville, OH 45246-2803