

Correction of Tax Identification Number – Step one

To correct your Federal Tax Identification Number, the following **two** items are required:

- An electronic file of the IRS 147C Tax Identification Verification letter or your original SS-4 letter
- Scan/Upload capability

Select the Amend button

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your tax identification number.

The screenshot shows a web application interface for managing registrations. On the left, there is a sidebar with the text "Apply for a New Registration" and "If you have any questions, please contact ODH at (614) 644-2727". A red arrow points from a text box on the left to the "Amend" button in the top right of the main content area. The main content area displays registration details for "ABC Dental Associates Inc".

Amend **Print Certificate** **Contact ODH**

Identification
Facility: ABC Dental Associates Inc
Facility Type: [Dental Office](#)
Reg #: [02-A-04377-001](#)

Registration Dates
Expiration Date: [07-31-2012](#) Latest Amend Date: [04-27-2012](#)
Last Inspection Date: [01-24-2012](#) Last Partial Inspection Date:

Individual Responsible for Radiation Protection
IRRP: [Alfred B Cranes DDS](#)
EMail: [dentist123@abcdentist.com](#)

Responsible Officer
Name: [Alfred B Cranes DDS](#) Title: [DDS](#)

Addresses and Communications

Source	Mailing	Billing
123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 43085 Franklin County	123 N High St Ste 123 Worthington, OH 43085 Franklin County
Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381	Phone: (614) 644-2727 Ext: 1111 Fax: (614) 466-0381

Radiation Sources

Description	Operable X-ray Tubes Registered	Inoperable X-ray Tubes Registered
Extraoral with Panorax	1	0
CT (Computed Tomography)	1	0
Total # of X-ray Tubes	2	0

Correction of Tax Identification Number – Step two

Ohio Department of Health X-Ray Registration and Inspection

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Apply for a New Registration
If you have any questions, please contact ODH at (614) 995-4727

Online Amendment Instructions

Before you begin, it may be helpful to print out specific instructions from the link above. If you have questions, please call (614) 995-4727 or e-mail xrayreg@odh.ohio.gov . Remember to print your certificate after your approved changes. (Only accounts in compliance with a zero balance will show the PRINT CERTIFICATE button.)

Self-Approved Amendments

- Add tubes or update mailing/billing address or phone/fax numbers
- IRRP change (Form [HEA5526](#))
- Facility move (Form [HEA0152](#))

ODH-Approved Amendments

Select one of the amendment types below to reduce tube count or make corrections to your record.

- Tube reduction
- Facility name correction
- Tax identification number correction
- Responsible officer change (not IRRP change)
- Facility type change

Error corrections or wrong tube category - If you added/decreased an incorrect amount of tubes, or if your registration shows the wrong tube category, please call 614-995-4727. DO NOT SUBMIT [ONLINE](#) additions or reductions for the correction of errors. Staff will assist you in correcting your record.

Select the small circle in front of Tax Identification Number correction

Allow the record to open in edit mode

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your tax identification number.

Correction of Tax Identification Number – Step three

ODH - X-ray Registration a... x

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Instructions Home Logout

Apply for a New Registration

If you have any questions, please contact ODH at (614) 995-4727

Amendments

Enter the corrected information, select the letter to be uploaded, enter code and click on the Submit button.

* required field

Identification

Facility Name: ABC Dental Associates Inc
Facility Type: Dental Office
Registration Number: 02-A-04377-001
Federal Tax ID Number: 341919199
Responsible Officer: Bob Narkeses DMD

Back

Ownership changes are not tax ID# corrections. The new owner will need to apply for registration and the old owner must submit a [Notice of Termination form HEA5508](#)

Back

To correct facility tax ID#, the following IRS letter is required for upload:

An electronic file of the IRS 147C Tax identification Verification letter or your original SS-4 letter

IRS 147C Tax Identification Verification letter
Call IRS at 1-800-829-4933 and request your "Tax Identification Verification 147C letter" and have the IRS FAX the letter to you. This process should take 3-5 minutes. Do not stay on hold with the IRS; hang up, call back, get someone at the IRS to help you. (Only your original tax identification letter (SS-4) or the IRS 147C letter will be accepted. No W-9s will be accepted.)

The official name on the 147C letter is the "Registered Name" and the tax ID# on the 147C letter is the tax number to be entered in the tax ID# correction field.

* Enter Tax ID# correction:

(example: 123456789)

* Click Browse and then select the letter to be uploaded:

Browse...

Comments (Maximum of 160 characters):

Submit

This Correction Amendment cannot be used for ownership changes.

If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your tax identification number.

Enter the correct tax identification number

Select "Browse" and upload your letter

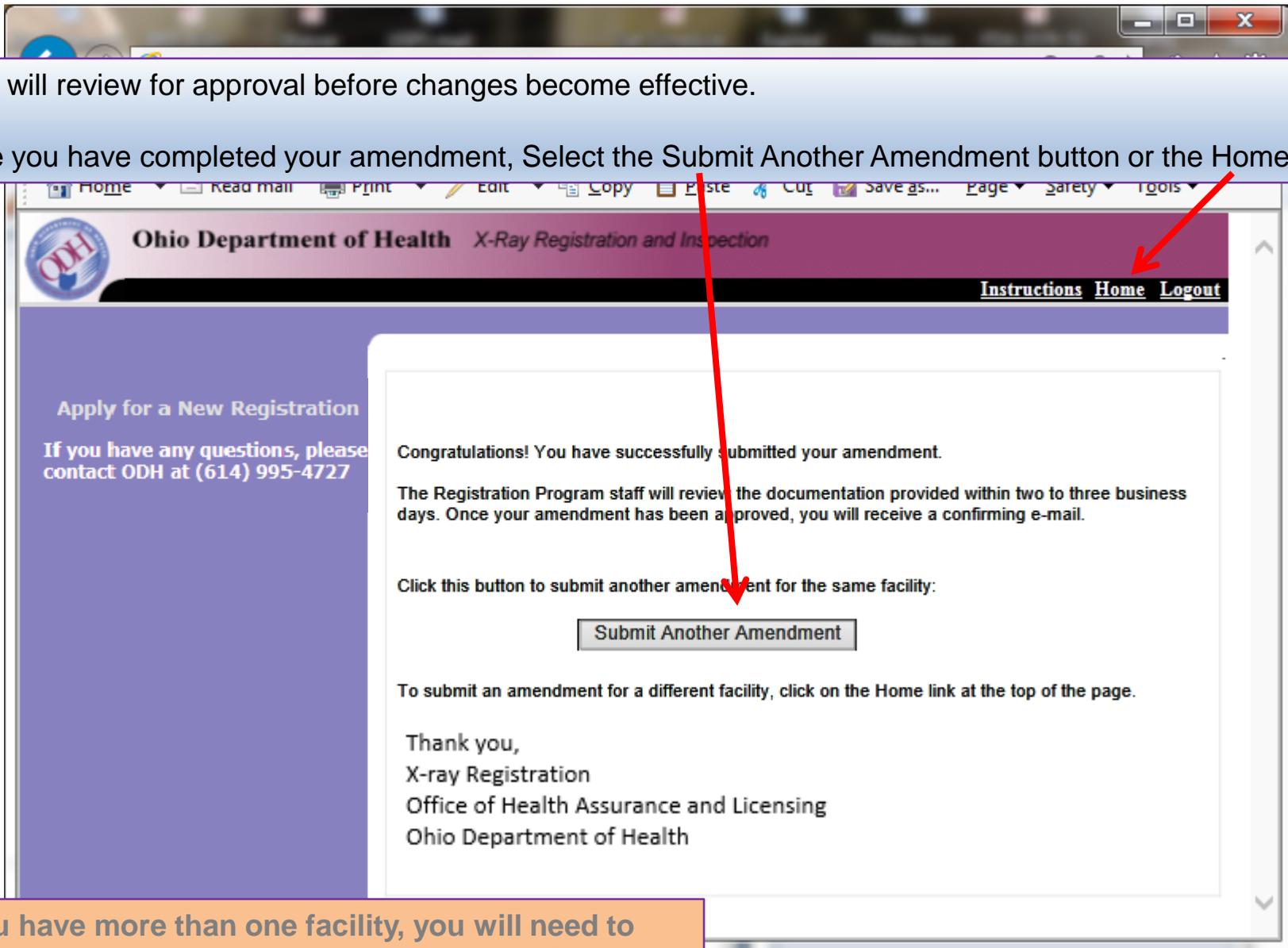
Enter any necessary comments

Select "Submit"

Correction of Tax Identification Number – Step four

ODH will review for approval before changes become effective.

Once you have completed your amendment, Select the Submit Another Amendment button or the Home link.



If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your tax identification number.

Correction of Tax Identification Number

ODH will review for approval before becoming effective. A confirmation message will be provided after the submittal of each amendment, which you should print out and keep for your reference.

Tax Identification Number corrections are not immediate and may take two to four business days to process.

You will receive a confirmation e-mail once the amendment has been approved or denied.

Subject: X-ray Registration Amendment Approved

This email is generated automatically; DO NOT REPLY as you will not get a response back.

Facility Name: FACILITY NAME

Registration Number: REGISTRATION NUMBER

The online X-ray registration amendment to correct your facility's Federal Tax Identification number has been approved.

If you have questions regarding this e-mail, please contact our office at 614.995.4727 or visit our web site for additional information. <http://www.odh.ohio.gov/odhprograms/rp/registration/registration.aspx>

Thank you,
X-ray Registration
Office of Health Assurance and Licensing
Ohio Department of Health

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If you have more than one facility, you will need to submit this type of amendment for each facility which needs a correction of your tax identification number.