



1103904011

State Tax Registration Application
(Please Read Instructions Before Completing, Please Print or Type)

SECTION 1 - Reason for the Registration

(Check all applicable boxes to indicate the reason(s) for this registration.) **Bolded questions with (*) represent required fields. If the bolded fields are not completed, the applicant will receive a letter requesting the completion of this form. NOTE: If your business is 100% service or your business will not sell any tangible personal property you will not need a sales and use tax number.**

- 1. New Registration
- 2. Additional tax registration
- 3. Application for a Master Number (4 or more locations)
- 4. Information Update
- 5. Additional Location - **Master Sales Account Only**

6. Did your business:

- A. Acquire all or part of another business?
- B. Result from a change in legal structure? (e.g. from individual to partnership, partnership to corporation, corporation to Limited Liability Company)
- C. Undergo a merger, consolidation, dissolution, or another restructuring?

If yes to any of the above, list previous State Tax Identification, enter here: _____

7. If you already have a State Tax Identification Number, enter here: _____

8.* For which tax registration are you applying? Check all that apply. **Registrations with asterisk (**)** require an additional application; see instructions for details.

- Sales and Use
- Alcohol License**
- Limousine Alcohol License**
- Motor Fuel License**
- Non-Resident Distribution
- Withholding Tax
- Tobacco License**
- Lottery Retailer**
- Amusement License**
- Electronic Bulk Filer
- Motor Carrier/IFTA
- Contractor

SECTION 2 - Business Information

1.* Date of First Operation (mm/dd/yyyy)

2. Business Fiscal Year End

3.* Business Legal Name

4. Federal Employer Identification Number (FEIN)

5. Business Trade Name (DBA)

6.* Business Telephone Number

7.* Business Street Address (can not be a PO BOX)

City / Town

County

State

Zip

NOTE: To have correspondence and reporting forms mailed to a different address, please complete line 8 and indicate the related tax type(s) for each address. Use Form CRF-003 to list additional addresses.

- Sales and Use
- Withholding
- Amusement
- Alcohol
- Tobacco
- Motor Fuel Distributor

8.* Business Mailing Address (if different from above)

City / Town

County

State

Zip

- Sales and Use
- Withholding
- Amusement
- Alcohol
- Tobacco
- Motor Fuel Distributor

8.* Business Mailing Address (if different from above)

City / Town

County

State

Zip

9. Which accounting method will your business use?

- Accrual
- Cash

10.* If your business is seasonal, list months of operation. (mm - mm)

11. Email: _____

12. Fax: _____

SECTION 3 - Business Structure

Check the type of business structure your business represents. (You must select one of the following.)

- Sole Proprietorship
- Partnership
- Corporation / State of Incorporation Date of Incorporation
- Sub-Chapter S Corporation
- Limited Liability Corporation / Single Multiple
- Limited Liability Partnership
- Fiduciary
- Professional Association
- Estate
- Federal Agency
- State Agency
- County Government
- Municipal Government



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SECTION 4 - Owners, Partners, Officers and Members

1.* Name A.* Social Security (SSN) / Individual Taxpayer Identification Number (ITIN)
Application will not be processed unless the social security number of an owner, officers, managing members or both partners is included. Reg.560-1-1.18

B. Check all that apply: Effective Date Effective Date Effective Date
 Owner Officer Managing Member (LLC)
 Partner Alcohol Licensee Tobacco Licensee

C. Home address (street) City / Town County State Zip Code + 4

2.* Name A.* Social Security (SSN) / Individual Taxpayer Identification Number (ITIN)
Application will not be processed unless the social security number of an owner, officers, managing members or both partners is included. Reg.560-1-1.18

B. Check all that apply: Effective Date Effective Date Effective Date
 Owner Officer Managing Member (LLC)
 Partner Alcohol Licensee Tobacco Licensee

C. Home address (street) City / Town County State Zip Code + 4

SECTION 5 - Nature of Business

1.* Nature of Business (If your business is a combination of two or more, list approximate percentages of receipts.)
 Retail ___% Manufacturing ___% Services (Specify) ___% Wholesale ___% Construction ___% Other ___%

2.* What product will you sell or what taxable service will you provide? Will you sell Motor Fuel / Gasoline? Yes No

3. If you know your NAICS code, enter here (6 digits)

SECTION 6 - Employers Withholding Information

1.* Will your business have employees? Yes No
(If the answer above is No, then proceed to Section 7)

2. Who will be responsible for filing and remitting the payroll taxes for your employees?
 Your Business Other
 Payroll Service / Bureau

3. Do you expect to withhold more than \$200 per month? Yes No

Enter the other business reporting and paying these taxes:
 Name
 Withholding Account
 4. How many employees do you have or will have?
 5. What is the date on which wages will be first paid to employees? (mm/dd/yyyy)

SECTION 7 - Authorized Signature/Contact Information

I (WE), THE UNDERSIGNED, DECLARE UNDER PENALTIES OF PERJURY THAT I (WE) HAVE EXAMINED THIS APPLICATION AND TO THE BEST OF MY (OUR) KNOWLEDGE IT IS TRUE, CORRECT AND COMPLETE.

Authorized Signature: _____ Title: _____
 Print / Type Name: _____ Phone #: _____
 Print / Type Preparer's Name: _____ Title: _____
 Phone#: _____ Fax: _____
 Email _____