

## 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.**

- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> Sales and Use      | <input type="checkbox"/> Alcohol License** | <input type="checkbox"/> Limousine Alcohol License** | <input type="checkbox"/> Motor Fuel License** | <input type="checkbox"/> Non-Resident Distribution |
| <input type="checkbox"/> Withholding Tax    | <input type="checkbox"/> Tobacco License** | <input type="checkbox"/> Lottery Retailer**          | <input type="checkbox"/> Amusement License**  | <input type="checkbox"/> Electronic Bulk Filer     |
| <input type="checkbox"/> Motor Carrier/IFTA | <input type="checkbox"/> 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 for each address. Use Form CRF-003 to list additional**

**addresses. To have correspondence and reporting forms mailed to a different address, please complete line 8 and indicate the related tax type(s)**

- Sales and Use     Withholding     Amusement

- Alcohol     Tobacco     Motor Fuel Distributor

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

City / Town

County

State

Zip





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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

**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

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)

Enter the other business reporting and paying these taxes:  
Name   
Withholding Account

**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 \_\_\_\_\_