

State Taxpayer Identification Number Registration Form

Instructions: Please complete all sections of this form. This document is formatted for manual completion and printing. Do not submit online.

1. Business Entity Information

Legal Name of Business:	<input type="text"/>
Trade Name / DBA (if applicable):	<input type="text"/>
Federal Employer Identification Number (FEIN):	<input type="text"/>
Social Security Number (if Sole Proprietor):	<input type="text"/>
Business Structure (e.g., LLC, Corporation, Sole Proprietorship):	<input type="text"/>
State of Incorporation / Organization:	<input type="text"/>

2. Address and Location Details

Physical Business Address:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
ZIP Code:	<input type="text"/>
Mailing Address (if different from physical):	<input type="text"/>
Mailing City, State, ZIP:	<input type="text"/>

3. Tax Account Details

Indicate the tax types you are registering for by entering "Yes" or "No" and the corresponding start date.

Sales and Use Tax Registration:	<input type="text"/>	Effective Date (MM/DD/YYYY):	<input type="text"/>
Employer Withholding Tax Registration:	<input type="text"/>	Effective Date (MM/DD/YYYY):	<input type="text"/>
Corporate Income Tax Registration:	<input type="text"/>	Effective Date (MM/DD/YYYY):	<input type="text"/>

4. Primary Contact Information

Authorized Contact Name:	<input type="text"/>
Title:	<input type="text"/>
Telephone Number:	<input type="text"/>
Email Address:	<input type="text"/>

5. Authorization and Certification

I hereby certify that the information provided on this application is true, correct, and complete to the best of my knowledge.

Authorized Signature: _____

Printed Name: Date (MM/DD/YYYY):