**STATE TAX REGISTRATION APPLICATION**

(Please Read Instructions Before Completing)

### IDENTIFICATION SECTION

1. **IF YOU HAVE A STATE TAXPAYER IDENTIFIER (STI), ENTER HERE:**

2. **REASON FOR APPLICATION**
   - [ ] New Business
   - [ ] Additional Tax Registration
   - [ ] Application for a Master Number (4 or more Locations)
   - [ ] Change in Ownership Structure
   - [ ] Change in Alcohol Licensee*
   - [ ] Divided Store (Alcohol Only – Separate Applications required)*
   - [ ] Change in Location Address (Alcohol Only)*
   - [ ] New Location for a Master Sales Tax Account

3. **FOR WHICH OF THE FOLLOWING ARE YOU APPLYING?**
   - [ ] Sales and Use Tax
   - [ ] Withholding Tax
   - [ ] Non-Resident Distribution
   - [ ] Alcohol License *
   - [ ] Amusement License *
   - [ ] Tobacco License*
   - [ ] Motor Fuel Distributor *
   - [ ] e-File/e-Pay Bulk Filer Registration

   Applications with an asterisk (*) require an additional application – See instructions for details

(If your business is a Sole Proprietorship – Your Name is the Legal Business Name)

4. **LEGAL BUSINESS NAME**

5. **TRADE NAME / DBA NAME**

6. **TYPE OF OWNERSHIP**
   - [ ] Sole Proprietorship
   - [ ] County Government
   - [ ] State Agency
   - [ ] Estate
   - [ ] Partnership
   - [ ] Municipality
   - [ ] Federal Agency
   - [ ] Fiduciary
   - [ ] Subchapter S Corp.
   - [ ] Professional Association
   - [ ] LLC
   - [ ] Corporation
   - [ ] State of Inc.
   - [ ] Date of Incorporation

7. **IF THE BUSINESS LISTED ABOVE HAS A “Federal Employer ID” NUMBER, ENTER HERE:**

8. **IF SEASONAL BUSINESS, STATE MONTHS BUSINESS WILL BE OPEN:**
   - [ ] Begin
   - [ ] Thru

9. **WHAT IS THE LAST MONTH AND DAY OF YOUR ACCOUNTING YEAR:**
   - [ ] Month
   - [ ] Day

10. **Which ACCOUNTING METHOD WILL YOU USE?**
    - [ ] Cash Basis
    - [ ] Accrual Basis

11. **IF THIS APPLICATION IS FOR A BUSINESS YOU PURCHASED, PROVIDE THE FOLLOWING INFORMATION REGARDING THE FORMER OWNER, IF KNOWN.**
    - Legal Business Name
    - State Tax Identifier:
    - Georgia Sales Tax Number:
    - Georgia Withholding Tax Number:
    - Alcohol License:

### ADDRESS SECTION

12. **PHYSICAL LOCATION ADDRESS, NUMBER AND STREET, SUITE/APARTMENT NUMBER** (YOU CANNOT use a P.O. Box)
    
    USING A POST OFFICE BOX FOR THIS ADDRESS WILL DELAY PROCESSING OF THIS APPLICATION.

   - [ ] CITY
   - [ ] STATE
   - [ ] ZIP CODE
   - [ ] COUNTY
   - [ ] COUNTRY

13. **PHONE**

14. **IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITS?**
    - [ ] Yes
    - [ ] No

   **NOTE:** To have correspondence and reporting forms sent to separate addresses, please complete Lines 15 and 16 and indicate the related tax type(s) for each. To list additional mailing addresses use Form CRF-003.

15. **MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION ADDRESS ON LINE 12 ABOVE.**
    
    (Please identify tax type(s) to be mailed to the address below.)

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

   **ADDRESSSEE (c/o)** (If different from or in addition to the Legal Business Name)

   **E-MAIL ADDRESS**

16. **ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) to be mailed to the address below.)**
    
    (Please identify tax type(s) to be mailed to the address below.)

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

   **ADDRESSSEE (c/o)** (If different from or in addition to the Legal Business Name)

   **E-MAIL ADDRESS**

17. **NUMBER AND STREET, P. O. BOX or RFD NO.**

18. **CITY**

19. **STATE**

20. **ZIP CODE**

21. **COUNTY**

22. **COUNTRY**

23. **PHONE**

24. **FAX**
(Please Read Instructions Before Completing)

OWNERSHIP / RELATIONSHIP SECTION
(This section MUST be completed for your application to be accepted.)

17 CHECK ALL THAT APPLY                        EFFECTIVE DATE / / __
   [ ] Owner   [ ] Officer   [ ] Parent Company
   [ ] Partner  [ ] Managing Member

A BUSINESS NAME STI or LICENSE NO. (If Applicable)
B GA SALES TAX NO. (If Applicable) GA WITHHOLDING TAX NO. (If Applicable)
C LAST NAME FIRST M.I. TITLE
D ADDRESS
E CITY STATE ZIP COUNTY COUNTRY PHONE

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

SALES AND USE TAX SECTION

19 NATURE OF BUSINESS (If combination of two or more, list approximate percentages of receipts. Must equal 100%.)
   [ ] Retail % [ ] Manufacturing % [ ] Services (Specify) %
   [ ] Wholesale % [ ] Construction % [ ] Other (Specify) %

20 WHAT KIND OF BUSINESS WILL YOU OPERATE? (Be specific as to the product sold or service provided.)
   [ ] Yes [ ] No

21 DO YOU EXPECT TO REMIT MORE THAN $200 PER MONTH?
   [ ] Yes [ ] No
   ** Additional Forms Required

22 WILL YOU SELL ALCOHOLIC BEVERAGES?
   [ ] Yes ** [ ] No ** Additional Forms Required

23 WILL YOU SELL RETAIL TOBACCO PRODUCTS?
   [ ] Yes ** [ ] No ** Additional Forms Required

24 WILL YOU SELL GASOLINE AND/OR MOTOR FUEL?
   If “Yes”, please specify the name of the dealer responsible for paying the tax on gasoline and/or motor fuel sales, if other than yourself.
   NAME SALES TAX NO.

25 WHEN DID OR WILL YOU START SELLING OR PURCHASING ITEMS SUBJECT TO SALES TAX? Date / /

WITHHOLDING TAX SECTION

27 WHO WILL BE RESPONSIBLE FOR FILING AND REMITTING THE PAYROLL TAXES FOR YOUR EMPLOYEES?
   [ ] Applicant or Payroll Service Bureau [ ] Other
   If “Other”, list the name and GA. Withholding No. of the business responsible for paying these taxes.
   NAME GA. WITHHOLDING TAX NO.

28 DO YOU EXPECT TO WITHHOLD MORE THAN $200 PER MONTH?
   [ ] Yes [ ] No

29 HOW MANY EMPLOYEES DOES THIS BUSINESS HAVE OR WILL HAVE?

30 DATE ON WHICH WAGES WERE OR WILL FIRST BE PAID?

SIGNATURE SECTION

I HAVE EXAMINED THIS APPLICATION, AND TO THE BEST OF MY KNOWLEDGE IT IS TRUE AND CORRECT

_________________________ _______________________
Signature           Title

MUST BE SIGNED BY OWNER, PARTNER, MANAGING MEMBER, OR CORPORATE OFFICER AS LISTED IN THE RELATIONSHIP SECTION (17 OR 18) ABOVE.