

SECTION D: Sales/Use Tax

16. Enter Previous Owner Name, Trade Name & Account Number: _____

17. Where will **records** be maintained? (Check One) Headquarters Physical Other _____

18. Date business began at this location: _____ *(Returns will be required from this date forward.)*

19. Check one of the following to describe your business location:

- Owner Occupied Retail Space Leased Retail Space
- Owner's Home Other (explain) _____

20. Is your business located inside or outside the city limits? Inside Outside Unknown

21. Do you already have a use tax number? Yes No Use Tax Number _____

22. Have you qualified for any tax incentives? Yes No

If yes, please provide approved documentation from Mississippi Development Authority.

SECTION E: Withholding Tax

23. Date Mississippi taxable wages first paid _____ 24. Estimated monthly liability _____

25. Number of Mississippi Employees _____

26. Are you an employee leasing company? Yes No If yes, contact your District Service Office for more information.

27. Where will **records** be maintained? (Check One) Headquarters Physical Other _____

SECTION F: Applicant Signature

I hereby certify that the above statements are true and correct to the best of my knowledge and belief. As indicated on this completed form, I hereby apply for the appropriate permit(s) to engage in business. I agree to pay any and all taxes due the State of Mississippi and to comply fully in all respects with the applicable Mississippi Tax Laws and any corresponding rules and regulations.

Print Name of Owner or Officer of Corporation Only Title _____ Date _____

Signature of Owner or Officer of Corporation Listed in #15

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If General Partnership, all general partners must sign. Attach sheet, if needed. If Limited Partnership, Managing Partner must sign.

For Office Use Only - Do Not Write in this Section

Date Issued _____ SIC Code _____ City Number _____ Cash Bond Amt \$ _____

	M	Q	A	Norms	Tax Acct No.
Sales Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Use Tax.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Withholding Tax.....	<input type="checkbox"/>	<input type="checkbox"/>		_____	

Also Responsible for:

- Tupelo Tax
- Special City/County Tax
- Occupancy Tax
- Motor Vehicle Rental Tax
- Waste Tire Disposal Fee

Additional Account to be included in Master File Number: Yes No Master File No. _____

Approved:

Agent's Signature Agent's Number Date Master File Agent's Signature