

GEORGIA DEPARTMENT OF REVENUE
 REGISTRATION & LICENSING UNIT
 P. O. BOX 49512
 ATLANTA, GEORGIA 30359-151
 Fax: 404-417-4318
 NEED HELP? CALL (404) 417-4490



0603904013

E-MAIL: TSD-sales-tax-lic@dor.ga.gov

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:	<input type="checkbox"/> New Business	<input type="checkbox"/> Additional Tax Registration
	<input type="checkbox"/> Application for a Master Number (4 or more Locations)	<input type="checkbox"/> Change in Ownership Structure	<input type="checkbox"/> Change in Alcohol Licensee*
	<input type="checkbox"/> Divided Store (Alcohol Only – Separate Applications required)*	<input type="checkbox"/> Change in Location Address (Alcohol Only)*	
	<input type="checkbox"/> New Location for a Master Sales Tax Account	Master Sales Tax Number :	
3	FOR WHICH OF THE FOLLOWING ARE YOU APPLYING?:	<input type="checkbox"/> Use Tax Only	<input type="checkbox"/> Amusement License *
	<input type="checkbox"/> Sales Tax <input type="checkbox"/> Withholding Tax <input type="checkbox"/> Tobacco License*	<input type="checkbox"/> Alcohol License*	<input type="checkbox"/> Motor Fuel Distributor*
	<input type="checkbox"/> Non-Resident Distribution(For Withholding Tax)	<input type="checkbox"/> 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:	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> County Government <input type="checkbox"/> State Agency <input type="checkbox"/> Estate <input type="checkbox"/> Fiduciary	
	<input type="checkbox"/> Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> Federal Agency <input type="checkbox"/> LLC <input type="checkbox"/> Subchapter S Corp		
	<input type="checkbox"/> Professional Association <input type="checkbox"/> 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?	<input type="checkbox"/> Cash Basis	<input type="checkbox"/> 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:	
	GA Sales Tax Number:	GA 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:	Fax:	Email:	
14	IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITS?: <input type="checkbox"/> Yes <input type="checkbox"/> 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).			
	A	<input type="checkbox"/> Sales and Use <input type="checkbox"/> Withholding <input type="checkbox"/> Amusement <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Motor Fuel Distributor		
	B	Addressee (c/o) (If different from or in addition to the Legal Business Name): (Below)		
		Email:		
	C	Number and Street, P.O. Box or RFD NO:		
	D	City:	State:	Zip Code: County: Country:
	E	Phone:	Fax:	
16	ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) to be mailed to the address below.)			
	A	<input type="checkbox"/> Sales and Use <input type="checkbox"/> Withholding <input type="checkbox"/> Amusement <input type="checkbox"/> Alcohol <input type="checkbox"/> Tobacco <input type="checkbox"/> Motor Fuel Distributor		
	B	Addressee (c/o) (If different from or in addition to the Legal Business Name): (Below)		
		Email:		
	C	Number and Street, P.O. Box or RFD NO:		
	D	City:	State:	Zip Code: County: Country:
	E	Phone:	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:
	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Parent Company <input type="checkbox"/> Partner <input type="checkbox"/> 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: _____ MI: _____ Title: _____	
	Social Security Number: _____	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
D	Address:	
E	City: _____ State: _____ Zip Code: _____ County: _____ Country: _____	
18	CHECK ALL THAT APPLY	EFFECTIVE DATE:
	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Parent Company <input type="checkbox"/> Partner <input type="checkbox"/> 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: _____ MI: _____ Title: _____	
	Social Security Number: _____	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
D	Address:	
E	City: _____ State: _____ Zip Code: _____ County: _____ Country: _____	

(Please Read Instructions Before Completing)

SALES AND USE TAX SECTION

19	NATURE OF BUSINESS (If combination of two or more, list approximate percentages of receipts. Must equal 100%)		
	<input type="checkbox"/> Retail _____ %	<input type="checkbox"/> Manufacturing _____ %	<input type="checkbox"/> Services (Specify) _____ %
	<input type="checkbox"/> Wholesale _____ %	<input type="checkbox"/> Construction _____ %	<input type="checkbox"/> Other (Specify) _____ %
20	WHAT KIND OF BUSINESS WILL YOU OPERATE? (Be specific as to the product sold or service provided.)		
21	DO YOU EXPECT TO REMIT MORE THAN \$200 PER MONTH?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
22	WILL YOU SELL ALCOHOLIC BEVERAGES?	<input type="checkbox"/> Yes** <input type="checkbox"/> No	**Additional Forms Required
23	WILL YOU SELL RETAIL TOBACCO PRODUCTS?	<input type="checkbox"/> Yes** <input type="checkbox"/> No	**Additional Forms Required
24	WILL YOU SELL GASOLINE AND/OR MOTOR FUEL?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes", please specify the name of the dealer responsible for playing 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: _____		
26	WILL YOU HAVE EMPLOYEES?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes", complete the following WITHHOLDING TAX SECTION. If "No", stop here and complete the SIGNATURE SECTION.		

WITHHOLDING TAX SECTION

27	WHO WILL BE RESPONSIBLE FOR FILING AND REMITTING THE PAYROLL TAXES FOR YOUR EMPLOYEES?		
	<input type="checkbox"/> Applicant or Payroll Service Bureau	<input type="checkbox"/> Other	
	If "Other", list the name and GA Withholding NO of the business responsible for paying these taxes.		
	NAME: _____	GA WITHHOLDING NO: _____	
28	DO YOU EXPECT TO WITHHOLD MORE THAN \$200 PER MONTH	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

Date _____

Must be signed by owner, partner, managing member, or Corporate Officer as listed in the relationship section (17 or 18) above.