



1103904011

Georgia Department of Revenue
State Tax Registration Application

Section 1 Reason for Submitting this Form

Refer to the instructions and check the applicable box(es) to indicate the reason(s) for this registration.

- 1. New Registration
2. Additional Registration
3. Application for a Master Number
4. Information Update
5. Additional Location
6. Did your business:
7. Provide prior business' state tax identification number...

8. Check the applicable box(es) to indicate the types of tax(es) and service(s) requested for this registration. Those types with asterisks (\*\*)

- Sales and Use, Alcohol License\*\*, Lottery Retailer\*\*, Limousine Alcohol License\*\*, Motor Fuel License\*\*
Withholding Tax, Tobacco License\*\*, 911 Prepaid Wireless, Amusement License\*\*, Contractor

Section 2 Entity Type (check the appropriate box)

- Sole Proprietorship (Individual), Partnership, Sub-S Corporation, Corporation - State of Incorporation:
Professional Association, Estate, Fiduciary, Limited Liability Company, Single Member, Multiple Member
Limited Liability Partnership, Federal Agency, State Agency, County Government, Municipal Government

Section 3 Business Information

1. Business Legal Name, Business Trade Name (DBA), Federal Employer Information Number, Business Street Address, City, County, State, Zip Code + 4, Business Telephone Number, Business Fax Number, Business Email

- 2. Date of First Operation (mm/dd/yyyy), 3. List months of operation if business is seasonal (mm-mm), 4. List Business's Fiscal Year End, 5. Identify Accounting Method: Accrual, Cash

Section 4 Business Mailing Address (if different from Section 3 above)

If you want to have GADOR notices and other correspondence for a specific tax type mailed to an address other than the above business street address, please complete the following information. Use Form CRF-003 to list additional addresses.

1. Business Mailing Address, City, County, State, Zip Code + 4, 2. Use this mailing address for the following tax type(s): Sales and Use, Withholding, Amusement, Alcohol, Tobacco, Motor Fuel Distributor, 911 Prepaid Wireless

1. Business Mailing Address, City, County, State, Zip Code + 4, 2. Use this mailing address for the following tax type(s): Sales and Use, Withholding, Amusement, Alcohol, Tobacco, Motor Fuel Distributor, 911 Prepaid Wireless

Section 5 Business Ownership/Relationship

1. Name, Social Security Number / Taxpayer Identification Number, Mailing Address, City, County, State, Zip Code + 4

- Check one: Owner, LLC Member, Partner, Officer, Other, Effective Date:

- Check any/all if applicable: Alcohol Licensee, Effective Date: Tobacco Licensee, Effective Date:



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**Section 5 Business Ownership/Relationship (continued)**

1. Name		Social Security Number / Taxpayer Identification Number		
Mailing Address	City	County	State	Zip Code + 4
Check one:				
<input type="checkbox"/> Owner	<input type="checkbox"/> LLC Member	<input type="checkbox"/> Partner	<input type="checkbox"/> Officer	<input type="checkbox"/> Other
Effective Date: _____				
Check any/all if applicable:				
<input type="checkbox"/> Alcohol Licensee	Effective Date: _____	<input type="checkbox"/> Tobacco Licensee	Effective Date: _____	

**Section 6 Business Activity Information**

1. Check business activity type. If you check two or more boxes, list approximate percentages of receipts.		2. Will you be selling motor fuel or gasoline? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Retail _____%	<input type="checkbox"/> Manufacturing _____%	<input type="checkbox"/> Wholesale _____%
<input type="checkbox"/> Construction _____%	<input type="checkbox"/> Service _____%	
3. Are you a common carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Please describe products to be sold and/or taxable services to be provided:		5. Enter business' NAICS code number if known:

**Section 7 Employer Withholding Information**

1. Will your business have employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered Yes, please complete lines 2 through 5.	
2. Who will be responsible for filing and remitting payroll taxes for your employees? <input type="checkbox"/> Your Business <input type="checkbox"/> Payroll Service <input type="checkbox"/> Other:	
3. If you checked payroll service or other in question 2 above, enter the name and withholding tax number of the entity reporting and paying these taxes:	
Name:	Withholding Tax Account Number:
4. Do you expect to withhold more than \$200 per month? <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. What is the first date on which wages will be paid to employees?	

**Section 8 Authorized Signature/Contact Information**

**Under penalties of perjury, I declare that I have examined this State Tax Registration Application and to the best of my knowledge and belief, it is true, correct and complete. I understand that to willfully prepare or present a document that is fraudulent or false is a criminal misdemeanor under O.C.G.A. § 48 -1-6.**

Authorized Signature	Title	Date (mm/dd/yyyy)
Print Name	Daytime Telephone Number	Title
Print Third Party Preparer's Name (if any)	Daytime Telephone Number	Title