



0803904011

## State Tax Registration Application

Please Read Instructions Before Completing  
 Please Print or Type

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

IDENTIFICATION SECTION																					
1	IF YOU HAVE ALREADY BEEN ASSIGNED A STATE TAXPAYER IDENTIFIER (STI), ENTER HERE:																				
2	INDICATE THE REASON FOR SUBMITTING THIS APPLICATION: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Starting a New Business</td> <td><input type="checkbox"/> Adding an Additional Tax Registration</td> </tr> <tr> <td><input type="checkbox"/> Change in Location Address on Alcohol Accounts *</td> <td><input type="checkbox"/> Change in Alcohol Licensee *</td> </tr> <tr> <td><input type="checkbox"/> Application for a Master Number (4 or more Locations)</td> <td><input type="checkbox"/> Adding a New Location to a Master Sales Tax Account (Master #: _____)</td> </tr> </table>	<input type="checkbox"/> Starting a New Business	<input type="checkbox"/> Adding an Additional Tax Registration	<input type="checkbox"/> Change in Location Address on Alcohol Accounts *	<input type="checkbox"/> Change in Alcohol Licensee *	<input type="checkbox"/> Application for a Master Number (4 or more Locations)	<input type="checkbox"/> Adding a New Location to a Master Sales Tax Account (Master #: _____)														
<input type="checkbox"/> Starting a New Business	<input type="checkbox"/> Adding an Additional Tax Registration																				
<input type="checkbox"/> Change in Location Address on Alcohol Accounts *	<input type="checkbox"/> Change in Alcohol Licensee *																				
<input type="checkbox"/> Application for a Master Number (4 or more Locations)	<input type="checkbox"/> Adding a New Location to a Master Sales Tax Account (Master #: _____)																				
3	FOR WHICH OF THE FOLLOWING ARE YOU APPLYING? <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Sales and Use Tax</td> <td><input type="checkbox"/> Withholding Tax</td> <td><input type="checkbox"/> Non-Resident Distribution</td> </tr> <tr> <td><input type="checkbox"/> Alcohol License *</td> <td><input type="checkbox"/> Amusement License *</td> <td><input type="checkbox"/> Tobacco License*</td> </tr> <tr> <td><input type="checkbox"/> Motor Fuel Distributor License *</td> <td><input type="checkbox"/> e-File/e-Pay Bulk Filer</td> <td></td> </tr> </table> <p style="text-align: center;"><b>Applications with an asterisk (*) require an additional application – See instructions for details</b></p> <p style="text-align: center;">(Enter your Full Name as the Legal Business Name if your Business is a Sole Proprietorship)</p>	<input type="checkbox"/> Sales and Use Tax	<input type="checkbox"/> Withholding Tax	<input type="checkbox"/> Non-Resident Distribution	<input type="checkbox"/> Alcohol License *	<input type="checkbox"/> Amusement License *	<input type="checkbox"/> Tobacco License*	<input type="checkbox"/> Motor Fuel Distributor License *	<input type="checkbox"/> e-File/e-Pay Bulk Filer												
<input type="checkbox"/> Sales and Use Tax	<input type="checkbox"/> Withholding Tax	<input type="checkbox"/> Non-Resident Distribution																			
<input type="checkbox"/> Alcohol License *	<input type="checkbox"/> Amusement License *	<input type="checkbox"/> Tobacco License*																			
<input type="checkbox"/> Motor Fuel Distributor License *	<input type="checkbox"/> e-File/e-Pay Bulk Filer																				
4	LEGAL BUSINESS NAME																				
5	TRADE NAME / DBA NAME																				
6	TYPE OF OWNERSHIP <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> County Government</td> <td><input type="checkbox"/> State Agency</td> </tr> <tr> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Municipality</td> </tr> <tr> <td><input type="checkbox"/> Fiduciary</td> <td><input type="checkbox"/> Subchapter S Corp.</td> <td><input type="checkbox"/> Professional Association</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td>State of Incorporation _____</td> <td>Date of Incorporation _____</td> </tr> </table>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> County Government	<input type="checkbox"/> State Agency	<input type="checkbox"/> Estate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Municipality	<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Subchapter S Corp.	<input type="checkbox"/> Professional Association	<input type="checkbox"/> Corporation	State of Incorporation _____	Date of Incorporation _____								
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> County Government	<input type="checkbox"/> State Agency																			
<input type="checkbox"/> Estate	<input type="checkbox"/> Partnership	<input type="checkbox"/> Municipality																			
<input type="checkbox"/> Fiduciary	<input type="checkbox"/> Subchapter S Corp.	<input type="checkbox"/> Professional Association																			
<input type="checkbox"/> Corporation	State of Incorporation _____	Date of Incorporation _____																			
7	IF THE BUSINESS LISTED ABOVE HAS A FEDERAL EMPLOYER ID NUMBER (FEIN), ENTER HERE:																				
8	IF YOUR BUSINESS IS SEASONAL, ENTER THE MONTHS YOUR BUSINESS WILL BE OPEN: <table style="width:100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">Begin</td> <td style="text-align: center;">Thru</td> </tr> <tr> <td></td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> </tr> </table>		Begin	Thru		Month	Day														
	Begin	Thru																			
	Month	Day																			
9	WHAT IS THE LAST MONTH AND DAY OF YOUR ACCOUNTING YEAR: <table style="width:100%; border: none;"> <tr> <td style="width: 60%;"></td> <td style="text-align: center;">Month</td> <td style="text-align: center;">Day</td> </tr> </table>		Month	Day																	
	Month	Day																			
10	WHICH ACCOUNTING METHOD WILL YOU USE? <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Cash Basis</td> <td><input type="checkbox"/> Accrual Basis</td> </tr> </table>	<input type="checkbox"/> Cash Basis	<input type="checkbox"/> Accrual Basis																		
<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; <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Legal Business Name</td> <td style="width: 50%;">State Tax Identifier:</td> </tr> <tr> <td>Georgia Sales Tax Number:</td> <td>Georgia Withholding Tax Number:</td> </tr> <tr> <td></td> <td>Alcohol License Number:</td> </tr> </table>	Legal Business Name	State Tax Identifier:	Georgia Sales Tax Number:	Georgia Withholding Tax Number:		Alcohol License Number:														
Legal Business Name	State Tax Identifier:																				
Georgia Sales Tax Number:	Georgia Withholding Tax Number:																				
	Alcohol License Number:																				
ADDRESS SECTION																					
12	ENTER THE PHYSICAL LOCATION ADDRESS OF YOUR BUSINESS (The location address <b>CANNOT</b> be a P.O. Box): NUMBER AND STREET ADDRESS (including Ste, Apt, Bldg, etc) <table style="width:100%; border: none;"> <tr> <td style="width: 25%;">CITY</td> <td style="width: 15%;">STATE</td> <td style="width: 15%;">ZIP CODE</td> <td style="width: 20%;">COUNTY</td> <td style="width: 25%;">COUNTRY</td> </tr> </table>	CITY	STATE	ZIP CODE	COUNTY	COUNTRY															
CITY	STATE	ZIP CODE	COUNTY	COUNTRY																	
13	PHONE: _____ FAX: _____ E-MAIL: _____																				
14	IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITS? <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>	<input type="checkbox"/> Yes	<input type="checkbox"/> No																		
<input type="checkbox"/> Yes	<input type="checkbox"/> No																				
<b>NOTE: To have correspondence and reporting forms mailed to a different address, please complete Lines 15 and 16 and indicate the related tax type(s) for each address. Use Form CRF-003 to list additional mailing addresses.</b>																					
15	MAILING ADDRESS – IF DIFFERENT FROM THE LOCATION ADDRESS ON LINE 12 ABOVE (The mailing address <b>CAN</b> be a P.O. Box) (Please identify tax type(s) to be mailed to the address below.) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Sales and Use</td> <td><input type="checkbox"/> Withholding</td> <td><input type="checkbox"/> Amusement</td> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Tobacco</td> <td><input type="checkbox"/> Motor Fuel Distributor</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)</td> <td style="width: 50%;">E-MAIL ADDRESS</td> </tr> <tr> <td colspan="2">NUMBER AND STREET, P. O. BOX or RFD NO.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>COUNTY</td> <td>COUNTRY</td> </tr> <tr> <td colspan="2">PHONE: _____</td> <td colspan="2">FAX: _____</td> <td></td> </tr> </table>	<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	ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)	E-MAIL ADDRESS	NUMBER AND STREET, P. O. BOX or RFD NO.		CITY	STATE	ZIP CODE	COUNTY	COUNTRY	PHONE: _____		FAX: _____		
<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																
ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)	E-MAIL ADDRESS																				
NUMBER AND STREET, P. O. BOX or RFD NO.																					
CITY	STATE	ZIP CODE	COUNTY	COUNTRY																	
PHONE: _____		FAX: _____																			
16	ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) to be mailed to the address below.) <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Sales and Use</td> <td><input type="checkbox"/> Withholding</td> <td><input type="checkbox"/> Amusement</td> <td><input type="checkbox"/> Alcohol</td> <td><input type="checkbox"/> Tobacco</td> <td><input type="checkbox"/> Motor Fuel Distributor</td> </tr> </table> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)</td> <td style="width: 50%;">E-MAIL ADDRESS</td> </tr> <tr> <td colspan="2">NUMBER AND STREET, P. O. BOX or RFD NO.</td> </tr> <tr> <td>CITY</td> <td>STATE</td> <td>ZIP CODE</td> <td>COUNTY</td> <td>COUNTRY</td> </tr> <tr> <td colspan="2">PHONE: _____</td> <td colspan="2">FAX: _____</td> <td></td> </tr> </table>	<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	ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)	E-MAIL ADDRESS	NUMBER AND STREET, P. O. BOX or RFD NO.		CITY	STATE	ZIP CODE	COUNTY	COUNTRY	PHONE: _____		FAX: _____		
<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																
ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name)	E-MAIL ADDRESS																				
NUMBER AND STREET, P. O. BOX or RFD NO.																					
CITY	STATE	ZIP CODE	COUNTY	COUNTRY																	
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 (Indicate the percentage of interest the individual has in the business: EFFECTIVE DATE
Owner \_\_\_% Officer \_\_\_% Manager \_\_\_% Partner \_\_\_%
Managing Member \_\_\_% Tobacco Licensee \_\_\_% Alcohol Licensee \_\_\_% 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
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 COUNTY COUNTRY PHONE

(TO REPORT ADDITIONAL RELATIONSHIPS, USE FORM CRF-004)

SALES AND USE TAX SECTION

19 NATURE OF BUSINESS (If your business is a combination of two or more, list approximate percentages of receipts. Must equal 100%.)
Retail \_\_\_% Manufacturing \_\_\_% Services (Specify) \_\_\_%
Wholesale \_\_\_% Construction \_\_\_% Other (Specify) \_\_\_%
20 WHAT PRODUCT WILL YOU SELL OR WHAT SERVICE WILL YOU PROVIDE? (Please be specific.)
21 DO YOU EXPECT TO REMIT MORE THAN \$200 PER MONTH IN SALES TAX? Yes No
22 WILL YOU SELL ALCOHOLIC BEVERAGES? Yes \* No \* Additional Forms Required
23 WILL YOU SELL TOBACCO PRODUCTS? Yes \* No \* Additional Forms Required
24 WILL YOU SELL MOTOR FUEL? Yes No \* Additional Forms Required
DO YOU COLLECT AND REMIT STATE AND LOCAL PREPAID TAX ON MOTOR FUEL SALES? Yes No
25 WHEN DID OR WILL YOU START SELLING OR PURCHASING ITEMS SUBJECT TO SALES TAX? Date:
26 WILL YOU SELL LOTTERY AT THIS LOCATION? Yes No If "Yes", PLEASE PROVIDE YOUR RETAILER NUMBER
27 WILL YOU HAVE EMPLOYEES? Yes No
If "Yes", complete the following WITHHOLDING TAX SECTION. If "No", stop here and complete the SIGNATURE SECTION.

WITHHOLDING TAX SECTION

28 WHO WILL BE RESPONSIBLE FOR FILING AND REMITTING THE PAYROLL TAXES FOR YOUR EMPLOYEES?
Applicant Payroll Service Other
If "Payroll Service" or "Other", list the name and GA. Withholding No. of the business responsible for paying these taxes.
NAME GA. WITHHOLDING TAX NO.
29 DO YOU EXPECT TO WITHHOLD MORE THAN \$200 PER MONTH? Yes No
30 HOW MANY EMPLOYEES DOES THIS BUSINESS HAVE OR WILL HAVE?
31 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.