



0103904911

(PLEASE PRINT OR TYPE)

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 Master Sales Tax Number Change in Ownership Structure Change in Alcohol Licensee
 Divided Store (Alcohol Only- Separate Applications required.) Change in Location Address
 New Location for a Master Sales Tax Account Master Sales Tax Number: _____

3. FOR WHICH OF THE FOLLOWING ARE YOU APPLYING? IFTA Registration* Sales Tax Use Tax Only
 Tobacco License Motor Fuel Distributor* Withholding Tax Motor Carrier Permit
 Motor Fuel Tanker Truck Permit* Alcohol License* Amusement Machine* Non-Resd. Distribution
Applications with an asterisk (*) require an additional registration. See instructions for details.

4. LEGAL BUSINESS NAME: _____ (If your business is a Sole Proprietorship-
Your name is the 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 – Indicate State of Inc. _____ Indicate the Date of Inc. _____

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 ACCOUNTING METHOD WILL YOU USE: Cash Basis Accrual Basis

10. IF THIS APPLICATION IS FOR A BUSINESS YOU PURCHASED, PROVIDE THE FOLLOWING INFORMATION REGARDING THE FORMER OWNER, IF KNOWN: _____
Legal Business Name _____ State Identification Number _____
Georgia Sales Tax Number _____ Georgia Withholding Tax Number _____ Purchase Price of Business \$ _____

ADDRESS SECTION

11. PHYSICAL LOCATION ADDRESS, NUMBER AND STREET SUITE/APARTMENT NO.: **(YOU CANNOT USE A P.O. BOX)**
Address _____
City _____ State _____ ZIP Code _____ County _____ Country _____ Phone Number _____
IF A POST OFFICE BOX IS USED, IT WILL DELAY THE PROCESSING OF THIS APPLICATION.

12. IS THE ABOVE ADDRESS LOCATED WITHIN THE CITY LIMITS? YES NO
Note: To have correspondence and reporting forms sent to separate addresses, please complete Line 13 and 14 and indicate the related tax type(s) for each. To list additional mailing addresses use Form CRF-003.

13. MAILING ADDRESS – If Different from the Location Address on Line 11 above, please identify tax type(s) to be mailed to the address below.
A Sales and Use Tax Withholding Alcohol/Amusement Tobacco Motor Carrier/Tanker Truck Motor Fuel Distributor
B ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name) _____
C NUMBER AND STREET, P.O. BOX or RFD NO. _____ CITY _____ STATE _____ ZIP _____
D COUNTY _____ COUNTRY _____ PHONE _____

14. ADDITIONAL MAILING ADDRESS – (Please identify tax type(s) to be mailed to the address below)
A Sales and Use Tax Withholding Alcohol/Amusement Tobacco Motor Carrier/Tanker Truck Motor Fuel Distributor
B ADDRESSEE (c/o) (If different from or in addition to the Legal Business Name) _____
C NUMBER AND STREET, P.O. BOX or RFD NO. _____
D CITY _____ STATE _____ ZIP _____ COUNTY _____ COUNTRY _____ PHONE _____

(Please Read Instructions Before Completing)

OWNERSHIP / RELATIONSHIP SECTION

(This section MUST be completed for your application to be accepted.)

15. CHECK ALL THAT APPLY
- | | | | |
|----------------------------------|---|--|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Parent Company | <input type="checkbox"/> Manager | <input type="checkbox"/> Related Business |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Shareholder | <input type="checkbox"/> Tobacco Licensee | <input type="checkbox"/> Motor Fuel Supplier |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Alcohol Licensee | <input type="checkbox"/> Tobacco Distributor | <input type="checkbox"/> Managing Member |

A BUSINESS NAME _____ STI or LICENSE NO. _____

B GA SALES TAX NO. _____ GA WITHHOLDING TAX NO. _____

C LAST NAME _____ FIRST _____ M.I. _____ TITLE _____

SOCIAL SECURITY NUMBER _____ **Application will not be processed unless the social security number of an owner, officer, both partners or a managing member is included on this line Reg 560-1-1.18**

D ADDRESS _____

E CITY _____ STATE _____ ZIP _____ COUNTY _____ COUNTRY _____ PHONE _____

16. CHECK ALL THAT APPLY
- | | | | |
|----------------------------------|---|--|--|
| <input type="checkbox"/> Owner | <input type="checkbox"/> Parent Company | <input type="checkbox"/> Manager | <input type="checkbox"/> Related Business |
| <input type="checkbox"/> Partner | <input type="checkbox"/> Shareholder | <input type="checkbox"/> Tobacco Licensee | <input type="checkbox"/> Motor Fuel Supplier |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Alcohol Licensee | <input type="checkbox"/> Tobacco Distributor | <input type="checkbox"/> Managing Member |

A BUSINESS NAME _____ STI or LICENSE NO. _____

B GA SALES TAX NO. _____ GA WITHHOLDING TAX NO. _____

C LAST NAME _____ FIRST _____ M.I. _____ TITLE _____

SOCIAL SECURITY NUMBER _____ **Application will not be processed unless the social security number of an owner, officer, both partners or a managing member is included on this line Reg 560-1-1.18**

D ADDRESS _____

E CITY _____ STATE _____ ZIP _____ COUNTY _____ COUNTRY _____ PHONE _____

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

SALES AND TAX SECTION

17. NATURE OF BUSINESS (If combination of two or more, list approximate percentages of receipts. Must equal 100%.)
- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Retail _____% | <input type="checkbox"/> Services _____% | <input type="checkbox"/> Manufacturing _____% | <input type="checkbox"/> Mining _____% |
| <input type="checkbox"/> Construction _____% | <input type="checkbox"/> Processing _____% | <input type="checkbox"/> Other _____% | <input type="checkbox"/> Wholesale _____% |

18. WHAT KIND OF BUSINESS WILL YOU OPERATE? (Be specific as to the product sold or service provided.) _____

19. WILL YOU SELL ALCOHOLIC BEVERAGES? YES NO

20. WILL YOU SELL RETAIL TOBACCO PRODUCTS? YES NO

21. WILL YOU SELL GASOLINE AND / OR MOTOR FUEL? YES NO

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. _____

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

If your business will have no employees, skip the next section and complete the signature section below

WITHHOLDING TAX SECTION

23. WHO WILL BE RESPONSIBLE FOR FILING AND REMITTING THE PAYROLL TAXES FOR YOUR EMPLOYEES?
- | | | |
|------------------------------------|--|--|
| <input type="checkbox"/> Applicant | <input type="checkbox"/> Payroll Service | <input type="checkbox"/> Paid under an existing GA Withholding Account |
|------------------------------------|--|--|
- If "existing account", please complete section below on the business responsible for paying these taxes.
 NAME _____ GA WITHHOLDING TAX NO. _____

DO YOU EXPECT TO WITHHOLD MORE THAN \$200 PER MONTH? Yes No

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

DATE ON WHICH WAGES WERE OR WILL FIRST BE PAID _____ DATE ____ / ____ / ____

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 listed in the relationship section (15 or 16) above.