

GEORGIA DEPARTMENT OF REVENUE
REGISTRATION & LICENSING UNIT
P. O. BOX 49512
ATLANTA, GEORGIA 30359-1512
Fax: 404-417-4317 OR 404-417-4318
NEED HELP? CALL 1 (877) 423-6711
E-MAIL: ST-License@dor.ga.gov
TSD-withholding-lic@dor.ga.gov



1203904011

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 (Use only for Master Sales Tax Account)
6. Did your business:
7. Provide prior business' state tax identification number if you answered yes to any of the above choices:

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

- Sales and Use, Withholding Tax, Alcohol License**, Tobacco License**, Lottery Retailer**, 911 Prepaid Wireless, Limousine Alcohol License**, Amusement License**, Motor Fuel License**, Non-Resident Distribution, Motor Carrier/IFTA, 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, 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:
 Owner LLC Member Partner Officer Other Effective Date: _____

Check any/all if applicable:
 Alcohol Licensee Effective Date: _____ 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.
 Retail _____% Manufacturing _____% Wholesale _____% Construction _____% Service _____%

2. Will you be selling motor fuel or gasoline? Yes No

3. Are you a common carrier? Yes 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? Yes 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? Your Business Payroll Service 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? Yes 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



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Responsible Party Information

Step 1 Read this information first

- Under section 48-2-52 of the Official Code of Georgia Annotated, a:
 - corporation officer or employee,
 - limited liability company member, manager or employee, or
 - limited liability partnership, partner or employee
 may be held **personally liable** for unpaid sales tax, withholding tax, and 911 charges on prepaid wireless services assessed against such corporation, limited liability company, or limited liability partnership.
- The responsible party information must be completed for each of the persons described above who is under a duty to collect, account for and pay any of the above-described taxes or amounts to the Department of Revenue.
- The responsible party information must also be used to notify the Department of Revenue when there is a change in responsible persons. Attach additional pages if needed.
- Applications will be considered incomplete and may delay registration if the responsible party information is not completed in its entirety.

Step 2 Identify the business registered or to be registered for any of the tax types or charges listed in Step 1

Business Name		Business Address		Federal Employer Identification Number	
Name of person completing this form			Title	Daytime Telephone Number	Date

Step 3 Identify the person(s) responsible for filing your business' returns and/or paying all tax or charges due

First Name		Middle Initial	Last Name		Job Title	Social Security Number
Mailing Address (number, street, and room or suite no.)				City	State	ZIP code
Email Address		Phone Number		Enter dates when responsibility begins and ends (if applicable):		
				From:	To:	

Check all for which person is responsible:

- Sales and Use Tax
 Withholding Tax
 911 Charges on Prepaid Wireless Services

Complete the following if you need to identify another person

First Name		Middle Initial	Last Name		Job Title	Social Security Number
Mailing Address (number, street, and room or suite no.)				City	State	ZIP code
Email Address		Phone Number		Enter dates when responsibility begins and ends (if applicable):		
				From:	To:	

Check all for which person is responsible:

- Sales and Use Tax
 Withholding Tax
 911 Charges on Prepaid Wireless Services

Complete the following if you need to identify another person

First Name		Middle Initial	Last Name		Job Title	Social Security Number
Mailing Address (number, street, and room or suite no.)				City	State	ZIP code
Email Address		Phone Number		Enter dates when responsibility begins and ends (if applicable):		
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