

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, 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, 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 on this form shall 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 on this form shall also be used to notify the Department of Revenue when there is a change in responsible persons. Attach additional pages if needed.

**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
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