

TENNESSEE DEPARTMENT OF REVENUE Business Tax Registration Application

Answer all questions below completely, incomplete and unsigned applications will delay processing.

1. Business FEIN or SSN (required)	2. Start Date for Location in Jurisdiction	3. Fiscal Year End Date
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4. Type of Ownership:

- | | | |
|---|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Partnership <i>(all types)</i> | <input type="checkbox"/> Corporation <i>(all types)</i> |
| <input type="checkbox"/> Marital Joint Ownership
Other Spouse's SSN: _____ | <input type="checkbox"/> Limited Liability Company
<i>(choose one below)</i> | |
| | <input type="checkbox"/> Multi-Member LLC | <input type="checkbox"/> Single Member LLC |
| <input type="checkbox"/> Estate or Trust | | |

5. Legal Name of Business _____

6. Primary Address (physical address where records are located; no P.O. box) _____ City _____ State _____ Zip Code _____

7. Identify Owners, Officers, Members, or Partners (Attach additional names on separate sheet if needed. See instructions.))

Title	Title
SSN of owner or FEIN of owning business, if available	SSN of owner or FEIN of owning business, if available
First and Last Name of Owner or Name of Owning Business	First and Last Name of Owner or Name of Owning Business
Telephone Number with Area Code	Telephone Number with Area Code
Email	Email
Address	Address
City State Zip Code	City State Zip Code

8. DBA Name (if different from #5 above) _____

9. Classification (select below or write in)
Classification: _____

10. License Type
 Standard Minimal Activity

11. Business Location Address (physical address only; no P.O. box) _____ City _____ State _____ Zip Code _____

12. Business Activity at this Location

13. Business Mailing Address

City

State

Zip Code

14. Business Telephone Number

Business Fax Number

Business Email Address

15. Contact Name

Contact Telephone Number

Contact Email Address

16. Signatures Required! This application must be signed by an owner, officer, member, or partner of the entity listed above. Do not print or use a stamp.

For Department Use Only

The statements made on this application are true to the best of my knowledge and belief

Signature: _____

Owner, Officer, Member, or Partner

Date: _____

Signature: _____

Owner, Officer, Member, or Partner

Date: _____

**Electronic filing and payment of taxes is required for business tax.
Please visit www.TN.gov/revenue for more information.**

PHOTO I. D. REQUIRED

\$15.00 FEE

PLEASE REMIT TO

WILLIAMSON COUNTY CLERK

ELAINE ANDERSON

P O BOX 624

FRANKLIN TN 37065-0624

615-790-5732